Brain & Spine MRI Center

MRA CAROTID STUDY

PATIENT NAME: _____ **DOB:** _____

1. What was your chief complaint at your last doctor visit?

   _____

2. How long have you had this problem?

   _____

3. Have you had any bowel or bladder changes? YES NO

4. Have you had surgery to the area being scanned? YES NO

   - When? _____

5. Have you had prior studies in these areas? YES NO

   - When? _____
   - Where? _____

6. List prior study results if known:

   _____

7. List any medical conditions we should know about:

   _____