CHECKLIST

The following checklist is a guideline to help organize the radiographic imaging and consultations that may be needed for your evaluation with a Chiari CARE neurosurgeon. Not all imaging and consults are mandatory for your initial consultation, but this can be used as a tool to begin gathering your medical records.

IMAGING (Please indicate which of the following you have completed):

MRIs
☐ Brain: Date of exam(s) _______________________________________
☐ Cervical Spine: Date of exam(s) ________________________________
☐ Cervical Spine with flexion/extension: Date of exam(s) ___________
☐ Thoracic Spine: Date of exam(s) _________________________________
☐ Lumbar Spine: Date of exam(s) __________________________________
☐ MR myelogram: Date of exam(s) __________________________________

CTs
☐ Head: Date of exam(s) _________________________________________
☐ Cervical Spine: Date of exam(s) _________________________________
☐ CT Myelogram: Date of exam(s) _________________________________

Lumbar Puncture
☐ Date of procedure(s): ________________________________

CONSULTATIONS

☐ Neurologist: Last office visit _________________________________
☐ Neurosurgeon: Last office visit ________________________________
☐ Neuro-ophthalmology: Date _________________________________
☐ Ophthalmology: Date ________________________________
☐ Sleep Study: Date _________________________________________
☐ Swallow Study: Date _______________________________________
☐ Pain Management: Last office visit ____________________________
☐ Geneticist (if you carry a diagnosis of EDS) ______________________
☐ Cardiologist/Tilt Table Test (if you carry a diagnosis of POTS) ________________

☐ Operative Report (if you had a previous decompression surgery)
☐ Pre-operative and post-operative imaging (brain, cervical, thoracic, lumbar)

For more information:
WeillCornellBrainandSpine.org/chiari