



# Weill Cornell Medicine

## Brain and Spine Center

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### 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)