

MAYFIELD

CHIARI CENTER

506 Oak Street, Cincinnati, Ohio 45219
513-221-1100 | 513-475-8664 fax

PRE-SCREENING INFORMATIONAL QUESTIONNAIRE

First name _____ Last name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your Treating Physician's name _____ Phone _____

Your Treating Physician's Address _____

Help us understand your story better. Please indicate if you currently experience anything listed below
(check all that apply).

Headache

- No headaches
- Headache, pain is located:
 - left side
 - right side
 - back of the head
 - forehead
 - behind eyes
 - all over head ("hatband")
- Headache, pain feels like:
 - Pressure
 - Sharp
 - Stabbing
 - Throbbing
 - Burning
 - Dull
- Headaches that get worse by coughing, sneezing, straining, laughing, bending forward

Headache pain, rate on a scale of 1 to 10:

0 1 2 3 4 5 6 7 8 9 10
0 = no pain *10 = worst pain*

What makes your headache better? _____

What makes your headache worse? _____

How long do your headaches last? _____

Pain / spine problems

- Neck pain
- Pain across shoulder blades
- Chest pain
- General body pain
- Curvature of the spine (scoliosis)
- Joint hypermobility (Ehler-Danlos syndrome)
- Tethered cord

Balance or ear problems

- Ringing in the ear (tinnitus)
- Dizziness
- Spinning (vertigo)
- Trouble with balance and walking
- Hearing loss

Eye problems

- Blurred or double vision
- Sensitivity to bright light
- Spots or floaters in your vision
- Jerking eye movements (nystagmus)
- Difficulty following objects with your eyes

Sleep problems

- Snoring
- Sleep apnea
- Fatigue
- Difficulty sleeping (insomnia)

Face and throat problems

- Facial pain, numbness or tingling
- Hoarseness, change in voice
- Difficulty swallowing, choking
- Chronic cough

Problems in arms or legs

- Numbness or tingling in arms/hands
- Weakness in arms /hands
- Numbness or tingling in legs
- Weakness in legs
- General body weakness

Thinking (cognitive) problems

- Trouble speaking, word finding
- Trouble thinking
- Memory problems
- Depression or mood changes
- Nervousness or anxiety

Other problems

- Nausea or vomiting
- Abdominal pain
- Constipation
- Frequent urination
- Irregular heart beat, palpitations
- Passing out episodes, syncope

Do you have another family member with Chiari?

- No
- Yes

Have you had brain scans?

- MRI
- Cine MRI (CSF flow study)
- None

Have you had previous Chiari surgery?

- No
- Yes (describe type and date below)

Have you had a previous head or spine injury?

- No
- Yes (describe type and date below)

Tell us your story:

Send this form and copies of radiology reports to chiari@mayfieldchiaricenter.com or fax 513-475-8664.

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