

MRI SPINE APPROPRIATENESS CHECKLIST

Patient label placed here, or minimum information below required

Patient Name: _____
 Date (YYYY-MM-DD): _____
 Date of Birth (YYYY-MM-DD): _____
 Gender: _____
 Health Card #: _____

Referring Physician Name: _____

A. Red Flags requiring Emergent Management (immediate MRI and consultation to Surgery) (consider sending patient to Emergency Department)

- Severe/Progressive Neurologic Deficit Cord Compression or Cauda Equina Syndrome

B. Red Flags requiring Urgent MRI

- Suspected Cancer Suspected Spinal Infection Suspected Epidural Abscess or Hematoma
 Suspected Fracture (recommend X-ray or CT first)

C. Mechanical Spine Pain Syndrome with no Red Flags requiring Non-Urgent MRI

(Check all that apply – there MUST be a check in sections 1, 2, and 3 below to meet imaging criteria)

1. Unbearable Arm (and/or) or Leg Dominant Pain Disabling Neurogenic Claudication Functionally Significant Neurologic Deficit
 2. Failure to Respond after 6 weeks of conservative care 3. Considering Surgery

D. Suspected or Known Conditions (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cancer (please specify) | <input type="checkbox"/> Intradural Tumour | <input type="checkbox"/> Bone Tumour or Metastases |
| <input type="checkbox"/> Congenital Spine Anomaly | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Spinal Radiation |
| <input type="checkbox"/> Demyelination or MS | <input type="checkbox"/> Inflammatory Disease | <input type="checkbox"/> Assessment for Vertebroplasty |
| <input type="checkbox"/> Prior Spine Surgery (date) | <input type="checkbox"/> Arachnoiditis | <input type="checkbox"/> Post-operative Collections |
- Follow-up for a Known Condition (please specify)
 Condition Not Listed (please specify)

Prior CT or MRI Spine Imaging (Select one)

CT MRI
 When: _____ Where: _____

Additional Clinical Information

Please provide any additional information below. Please also clearly indicate the affected area on the image to the right.

