

HIGH FIELD OPEN MRI PATIENT QUESTIONNAIRE
MRI INTERNAL AUDITORY CANALS (IAC) AND PITUITARY

Name _____ Date _____

If you have any symptom listed below, please check:

- NEUROFIBROMATOSIS
- THYROID DISEASE
- FACIAL NERVE DISORDERS
- CRANIAL NERVE DISORDERS
- PAIN/ SWELLING/ MASS OF EYE
- DISORDERS OF ACUOUSTIC NERVE
- NASAL OR SINUS POLYPS
- FACIAL BONE FRACTURES
- GOITERS
- DIPLOPIA
- VISION LOSS/ VISUAL FIELD DEFECTS
- DISORDERS OR INJURY TO THE ORBIT, OPTIC NEVES OR PATHWAYS
- EPISTAXIS (NOSEBLEEDS)
- ENLARGEMENT OF LYMPH NODES/LYMPHANDENITIS
- ABNORMAL FINDINGS ON X-RAY OR OTHER DIAGNOSTIC TESTS OF SKULL AND HEAD
- INJURY TO FACE OR NECK