Alberta Health Services

Patient label here or information below is required	
Last Name	First Name
Birthdate *(yyyy-Mon-dd)*	Gender
Personal Health Number	Daytime Phone

Lumbar Spine Imaging Screening Record

The following information is required in order for us to process your request for lumbar spine imaging.

Patient Age	Referring Physician *(Print first and last name)*

Was an MRI or CT recommended on a previous imaging report? ☐ Yes *(include a copy of the report)* ☐ No

In suspected disc herniation or spinal stenosis, are symptoms severe enough that surgery would be considered? ☐ Yes ☐ No ☐ Not Applicable

Duration of symptoms

☐ Less than 6 weeks
☐ 6 to 12 weeks
☐ Greater than 12 weeks

Back Dominant Pain *(Pain above gluteal fold and below the T12 rib)*	☐ Back Dominant Pain
	OR
Leg Dominant Pain, Sensory Radiculopathy *(Below the gluteal fold, specific root distribution and Radiation below the knee)*	☐ Leg Dominant Pain
Objective Motor Weakness in Lower Extremity on Examination	☐ Yes ☐ No
Typical Neurogenic Claudication *(Bilateral buttock and posterior thigh pain aggravated by walking or standing, relieved by sitting)*	☐ Yes ☐ No

Are any of the following "Red Flags" present?

Cauda Equina Syndrome *(Sudden or progressive onset of new urinary retention, fecal incontinence, saddle or perianal anesthesia, loss of voluntary rectal sphincter contraction)*	☐ Yes ☐ No
Unexplained Weight Loss, Fever, Immunosuppression	☐ Yes ☐ No
History of Cancer	☐ Yes ☐ No
Use of IV Drugs or Steroids	☐ Yes ☐ No
Progressive Neurologic Deficit on Examination and Disabling Symptoms	☐ Yes ☐ No
Significant Acute Traumatic Event Immediately Preceding Onset of Symptoms	☐ Yes ☐ No
Severe Unremitting Worsening of Pain at Night and When Lying Down	☐ Yes ☐ No
Age Over 65 with First Episode of Severe Back Pain	☐ Yes ☐ No