

IMPORTANT

Please include this checklist with all MRI referrals for adult patients who suffer from low back pain when sending referrals to HGH's Central Booking. This information is required to process your request and avoid delays in scheduling an appointment.

PATIENT INFORMATION							
Last nam	e			First na	me, initial		
Date of birth				Health (Health card number		
Day		Month	Year				
DECISION SUPPORT CHECKLIST							
Studies have shown that a MRI for low back pain is not a useful test (does not change the management of the condition or outcomes for patients) unless there are specific symptoms or signs that suggest a there is serious cause for the pain.							
To proceed with a referral for an MRI exam of the lumbar spine in an adult, and to help us triage your request, please check all those boxes that apply to your patient's condition.							
	Suspected	or known cancer			Severe or progressive neurologic deficits		
	Suspected of	or known infection			Inflammatory process		
	Suspected of	or known fracture			Ankylosing spondylitis		
	Radicular sy	yndrome			Cauda equina syndrome		
	Previous lui Date and lo	mbar spine surgery cation:					
		lumbar spine surgery	/				
	MRI recommended on a previous imaging report (Please include the report with your referral.)						
Note : An X-ray is typically recommended as an initial imaging study for patients who suffer from chronic uncomplicated low back pain, have experienced low velocity trauma, have osteoporosis, are chronic steroid users, or who are older individuals. MRIs and CTs are not typically indicated for patients with back dominant pain (pain above the gluteal fold and below the T12 rib).							

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MRI Referral Dec	ision Support Checklist -	Low Back Pain in an Adult	Medical Imaging