

MRI PRIORITY CRITERIA TOOL

PLEASE PRINT CLEARLY

Provincial Health Care Number: _____

Patient Name: _____

Patient Age: _____ Sex: [circle one] **M** **F**

Body Part:

- | | | | | |
|-----------------------------------|--|--|--|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Neck
(soft tissue) | <input type="checkbox"/> Spine
(cervical) | <input type="checkbox"/> Spine
(thoracic) | <input type="checkbox"/> Spine
(lumbar) |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee | <input type="checkbox"/> Other
_____ |

Diagnosis: _____

Specialist's Name: _____ Phone: _____

Date: _____

Please check the box that most accurately describes the patient's current situation

1. Usual duration/frequency/intensity of pain &/or suffering:

- None/mild (0)
- Moderate (10)
- Severe (20)

2. Severity of illness/impairment:

- Low (5)
- Medium (10)
- High (20)

3. Probable time course of clinical deterioration:

- Long-term (> 6 months) (5)
- Mid-term (1 – 6 months) (10)
- Short-term (< 1 month) (20)

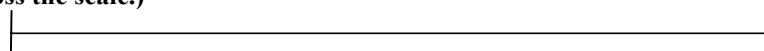
4. Probability of MRI providing clinically significant diagnostic information:

- Low (5)
- Medium (10)
- High (20)

5. Probability of successful treatment resulting from the diagnostic information:

- Low (5)
- Medium (10)
- High (20)

**6. All things considered, how would you rate the urgency or relative priority of this patient?
(Draw a line across the scale.)**



Not Urgent at all
(probably doesn't require MRI)

Extremely Urgent
(just short of an emergency)