Non-Thoracic Imaging Evaluation - Form 5

Version 1.0, 10/01/2007

Subject ID: _____

Complete this form for the most recent non-thoracic imaging study available for each modality.

		☐ CT	☐ MRI
1.	Date performed	|__|__| |__|__| |__|__|__|__| Month Day Year	|__|__| |__|__| |__|__|__|__| Month Day Year
2.	Height	|__|__|__| cm	|__|__|__| cm
3.	Weight	|__|__|__| .|__| kg	|__|__|__| .|__| kg
4.	Blood pressure	|__|__|__| / |__|__|__|	|__|__|__| / |__|__|__|
5.	Data source	☐ Medical record ☐ Imaging report ☐ Hard copy or digital images ☐ Other _____	☐ Medical record ☐ Imaging report ☐ Hard copy or digital images ☐ Other _____
6.	Craniosynostosis: sutures and/or fontanelles (*Check all that apply)*	☐ Coronal suture ☐ Sagittal suture ☐ Metopic suture ☐ Anterolateral fontanelle ☐ Postlateral fontanelle ☐ Anterior fontanelle ☐ None	☐ Coronal suture ☐ Sagittal suture ☐ Metopic suture ☐ Anterolateral fontanelle ☐ Postlateral fontanelle ☐ Anterior fontanelle ☐ None
7.	Arnold-Chiari malformation	☐ Yes ☐ No ➔ *go to Q9*	☐ Yes ☐ No ➔ *go to Q9*
8.	Arnold-Chiari (*mm of displacement below foramen magnum*)	|__|__|.|__| mm	|__|__|.|__| mm
9.	Hydrocephalus	☐ Yes ☐ No	☐ Yes ☐ No
10.	Congenital cervical spine abnormalities	☐ Yes ☐ No	☐ Yes ☐ No
11.	Dural ectasia\Tarlov cyst	☐ Yes ☐ No	☐ Yes ☐ No

Comments: _____ Initials of Abstractor: |___|___|___|

FORM COMPLETE	• KEY DATA ON-LINE AT http://gentac.rti.org • PUT FORM IN SUBJECT'S STUDY FILE.