



Weill Cornell Medicine

Neurological Surgery

Chiari CARE Appointment Checklist

The following checklist is a guideline to help organize the radiographic imaging and consultations that may be needed for your evaluation with a Chiari CARE neurosurgeon. Not all imaging and consults are mandatory for your initial consultation, but this can be used as a tool to begin gathering your medical records.

IMAGING (Please indicate which of the following you have completed):

MRIs

Brain: Date of exam(s) _____
Cervical Spine: Date of exam(s) _____
Cervical Spine with flexion/extension: Date of exam(s) _____
Thoracic Spine: Date of exam(s) _____
Lumbar Spine: Date of exam(s) _____
MR myelogram: Date of exam(s) _____

CTs

Head: Date of exam(s) _____
Cervical Spine: Date of exam(s) _____
CT Myelogram: Date of exam(s) _____

Lumbar Puncture

Date of procedure(s): _____

CONSULTATIONS

Neurologist: Last office visit _____
Neurosurgeon: Last office visit _____
Neuro-ophthalmology: Date _____
Ophthalmology: Date _____
Sleep Study: Date _____
Swallow Study: Date _____
Pain Management: Last office visit _____
Geneticist (if you carry a diagnosis of EDS) _____
Cardiologist/Tilt Table Test (if you carry a diagnosis of POTS) _____

Operative Report (if you had a previous decompression surgery)
Pre-operative and post-operative imaging (brain, cervical, thoracic, lumbar)

525 East 68th Street, Box 99 | New York, NY 10065 | 212-746-2363 For more information:
neurosurgery.weillcornell.org/chiari-care