



## Craniocervical abnormality/instability

### New Patient Form

Last Name: \_\_\_\_\_ Height: \_\_\_\_\_

First Name: \_\_\_\_\_ Weight: \_\_\_\_\_

DOB: \_\_\_\_\_ BMI: \_\_\_\_\_

Address: \_\_\_\_\_

Next of Kin (*Name/Contact Number*):

GP Details (*Name/Contact Details*):

Medicare Care No.

Health fund (*Name/Membership Number*):

Today's date:    /    /

What are your top three Chief complaints, in decreasing order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please answer the questions by typing "X" in the appropriate column

	Yes	No
Do you have blood relatives who have been diagnosed with Chiari I Malformation?		
Do you have blood relatives who are suspected to have Chiari I malformation?		
Do you have Ehler Danlos Syndrome		
Have you been diagnosed with Chronic Fatigue Syndrome/Myalgic Encephalomyelitis		

**Symptoms**

Please answer the questions by typing "X" in the appropriate column and indicate if the symptom is a major or minor symptom.

	Yes	No	Major	Minor
<b>Headaches</b>				
Do you have a pressure headache?				
Is your headache localized in the back of the head?				
Is the headache aggravated by coughing and straining?				
Is the headache aggravated by posture of the neck/head?				
Does the pain radiate to neck and/or shoulders?				
Do you have pain or pressure behind the eyes?				
Total	/6	/6	/6	/6
<b>Signs and symptoms of Brainstem and Lower Cranial Nerve compromise</b>				
Do you have problems swallowing?				
Do you have problems swallowing liquids?				
Do you have problems swallowing solids?				
Do you feel a lump in the back of your throat?				
Do you feel pain in the back of your throat?				
Do you have palpitations?				
Do you pass out?				
Do you "almost pass out"?				
Do you have sleep apnea?				
Do you use a CPAP or BiPAP machine at night?				
Do you snore?				
Do you gasp for air during your sleep?				
Are you short of breath?				
Do you have severe nausea?				
Is your voice getting hoarse?				
Total	/15	/15	/15	/15
<b>Vision and eyes motion</b>				
Are you sensitive to light?				
Do you often change prescriptions for your glasses?				
Do you see double?				
Do you see blurred?				
Do you see floaters?				
Do you have nystagmus?				
Do staring at patterns on the floor make you dizzy?				
Are the visual symptoms positional (lying/sitting/standing/bending)				
Total	/8	/8	/8	/8

	Yes	No	Major	Minor
<b>Hearing and equilibrium</b>				
Do you feel pressure deep inside your ears?				
Does changing position make you dizzy?				
Do you feel unsteady while standing still?				
Do you feel unsteady while walking?				
Do you have disequilibrium?				
Do you have a ringing in your ears?				
Do you have decreased hearing?				
Do you have decreased hearing for high pitch sounds?				
Do loud sounds bother you?				
Do you have vertigo (= feeling that room is spinning)?				
Total	/10	/10	/10	/10
<b>Cerebellar function</b>				
Do you have tremors when you try to pick something up?				
Do you have problems with motor coordination?				
Are you clumsy?				
Total	/3	/3	/3	/3
<b>High cortical functions</b>				
Do you have problems retaining short term memories?				
Do you have problems with concentration?				
Do you have problems multitasking?				
Are you failing or losing ground in school?				
Are you failing or losing ground at work?				
Do you have problems in finding words?				
Do you have long term memory loss?				
Total	/7	/7	/7	/7
<b>Sensory and Pain (please fill the pain diagram at the end of the questionnaire)</b>				
Do you have areas of your body with no sensation/altered sensation?				
Do you have area of your body with abnormal and weird sensation?				
Do you have tingling anywhere in your body?				
Do you have burning pain anywhere in your body?				
Do you have stabbing pain anywhere in your body?				
Do you have problems figuring out the temperature of objects and water using your skin?				
Do you have problems figuring out where your body parts are in space?				
Do you have facial pain?				
Do you have facial numbness?				
Is your pain so intense that you considered suicide in the past?				
Total	/10	/10	/10	/10

	Yes	No	Major	Minor
<b>Motor</b>				
Do you have focal weakness?				
Do you have generalized weakness?				
Do you have tremors?				
Do you have muscle spasm?				
Are your legs stiff?				
Do you have a diagnosis of Parkinson disease?				
Do you have seizures?				
Total	/7	/7	/7	/7
<b>Cardiovascular</b>				
Do you have POTS (Postural Orthostatic Tachycardia Syndrome)?				
Do you have arrhythmias?				
Do you have defective cardiac valves?				
Do you have Mitral Valve Prolapse?				
Total	/4	/4	/4	/4
<b>Gastrointestinal and Bowel function</b>				
Do you have occasional incontinence for stools?				
Do you have Irritable Bowel Syndrome?				
Do you have diarrhea?				
Do you have gastroparesis?				
Do you have decreased gastrointestinal motility?				
Do you have gastric reflux?				
Do you vomit often?				
Total	/7	/7	/7	/7
<b>Bladder function</b>				
Do you have urinary urgency?				
Do you have urinary incontinence?				
Total	/2	/2	/2	/2
<b>Connective Tissue Disorders</b>				
Do you have joint hypermobility? (= Are you double-jointed?)				
Do you have a family history of double-jointedness?				
Do you have wound healing problems?				
Are your scars thin and wide?				
Do you dislocate some of your joints at will?				
Did you have congenital hip dislocation?				
Do you have any of the following features of EDS/Vascular type? Translucent skin; arterial/intestinal/uterine fragility or rupture; tendon and muscle rupture; clubfoot; premature aging of the skin of the hands and feet; early onset varicose veins; arteriovenous fistulae; carotid-cavernous fistula; pneumothorax (collapse of a lung); pneumohemothorax (collapse of a lung with a collection of air or gas and blood); gingival recession.				

	Yes	No	Major	Minor
Do you have Mitral Valve Prolapse?				
Have you been diagnosed with EDS (Ehlers-Danlos Syndrome)?				
Have you been diagnosed with Marfan syndrome?				
Have you been diagnosed with Stickler syndrome?				
Have you been diagnosed with Loys-Dietz syndrome?				
Have you been diagnosed with a mix of 2 or more of the above syndromes?				
Do you have problems with your dental enamel (= the coating of your teeth)?				
Total	/14	/14	/14	/14
<b>Metabolic and systemic disorders</b>				
Do you have Mast Cell disease?				
Do you have MITO (= a Mithochondrial Disorder)?				
Do you have other enzymatic defects?				
Do you have diabetes?				
Have you been diagnosed with PANDAS?				
Do you have drug allergies?				
Do you have food allergies?				
Do you have food intolerances?				
Do you have gluten intolerance?				
Are you allergic to latex?				
Do you have environmental allergies?				
Do you have frequent infections?				
Have you been diagnosed with Lyme disease?				
Have you been suspected with MS (Multiple Sclerosis) in the past?				
Have been formally diagnosed with MS?				
Do you have lupus?				
Do you have a formal diagnosis of Fibromyalgia?				
Are you chronically on pain medications?				
Are you constantly tired?				
Do you have a restorative sleep at night?				
Do you have a formal diagnosis of Chronic Fatigue?				
Total	/21	/21	/21	/21
<b>Traumas</b>				
Have you been involved in any severe motor vehicular accident?				
Have you been the victim of a severe head and/or neck injury?				
Did you suffer any severe whiplash injury?				
Were you made worse by harsh manipulations by chiropractors or PT?				
Did you get worse after a Lumbar Puncture or an Epidural?				
Did you get worse after delivery?				
Do you have a past history of meningitis?				
Total	/7	/7	/7	/7

Please circle the appropriate score

<b>Modified Karnofsky Score</b>	<b>KS Score</b>
I feel normal: No complaints, no evidence of disease.	100
I am able to carry on normal activity with minor symptoms.	90
I carry on normal activity with effort and some symptoms.	80
I am able to care for myself, but unable to carry on normal activities.	70
I require occasional assistance but can care for most of my needs.	60
I require considerable assistance and frequent care by others.	50
I am disabled and require assistance and frequent care by others.	40
I am severely disabled. I am hospitalized, but death is not imminent.	30
I am very sick. I require active supportive care by others.	20
I have fatal processes that are rapidly progressing. I am near death.	10

**In a few words, tell us the history of your present neurosurgical illness:**  
(max 3-4 paragraphs)

**Past trauma/injury history:**  
(make a list, add dates)

**Past surgical history:**  
(make a list of your past surgeries; focus specially on neurosurgical procedures) (for the neurosurgical procedures: add dates, name of the hospital, last name of the surgeon)

**Past medical history:**  
(make a list of your other medical problems)

**Medications:**

**Allergies/Intolerances (Agent – Reaction): e.g. meds, foods, contrast, dyes, or latex:**  
(list names and the effects)

**Family history:**

**Social history:**

Marital status:

Work/Disability history:

Tobacco Current user:

Alcohol/Recreational Drugs:

**If you have seen other Chiari specialists in the past, list their names below:**



**Pain Diagram:**

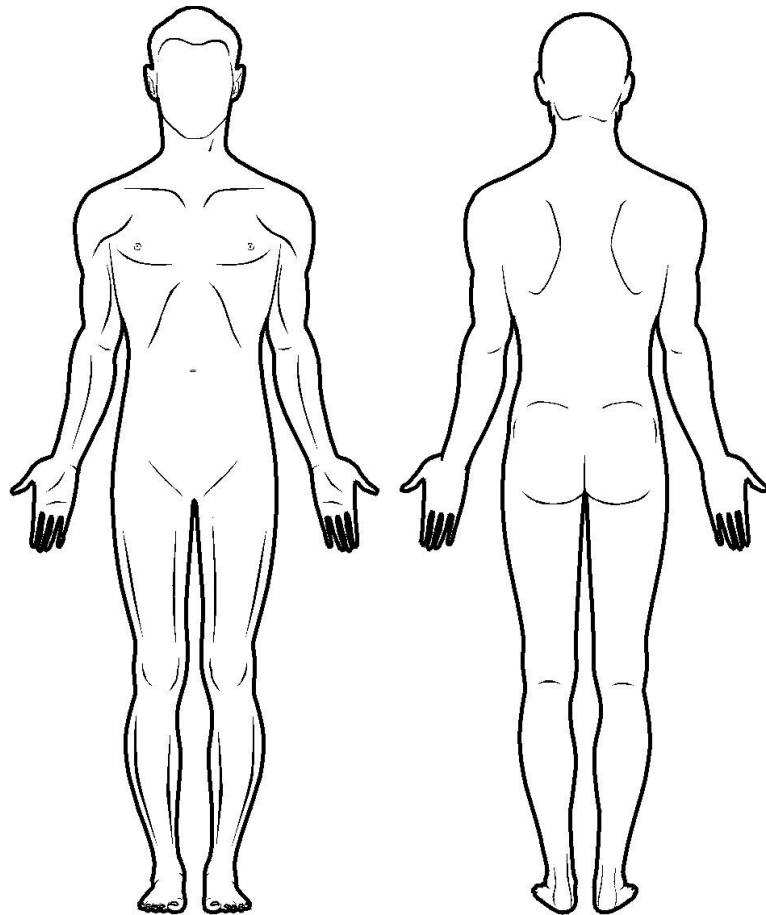
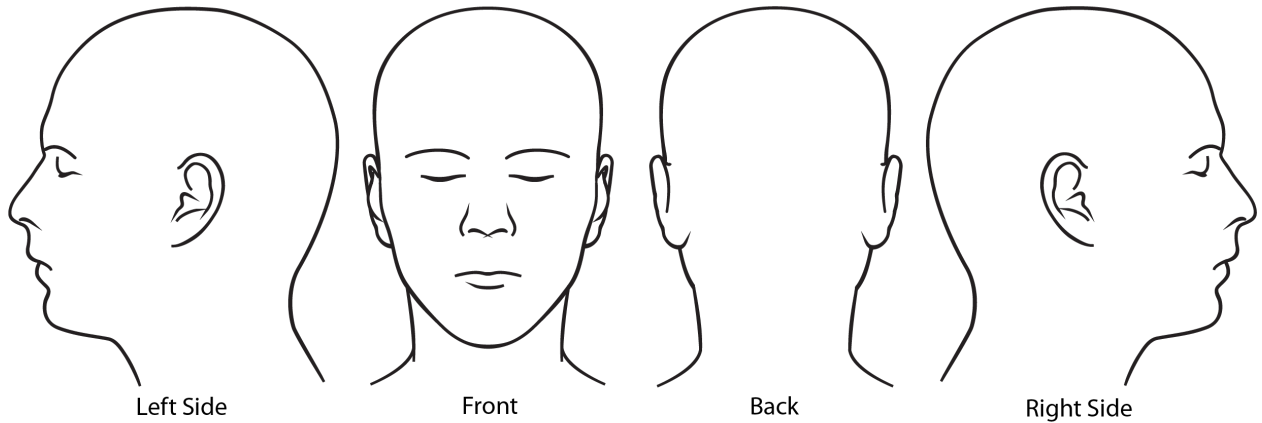
**Severity of pain** (circle one) 1 2 3 4 5 6 7 8 9 10 (1 = Less Pain / 10 = Worse Pain)

**Frequency**  Constant  Intermittent How Often? \_\_\_\_\_

**Timing Pain Occurs**  Morning  Evening  After Work  Wakes You From Sleep  Other \_\_\_\_\_

**Location of Pain** (mark all that apply)  Forehead  Behind the Right Eye  Behind the Left Eye  
 Behind Both Eyes  Top of Head  Back of Head  Left Side of Face  Right Side of Face  Neck

**Please mark (X) where your pain is located:**



**Abbreviations:**

ACDF - anterior cervical discectomy and fusion  
ADI – atlanto dens interval  
BDI – basion dens interval  
B - Brain  
BI – basilar impression/basilar invagination  
C - cervical  
CCF - craniocervical fusion  
CCF-R – craniocervical fusion revision  
CCI - craniocervical instability  
CCJ – craniocervical junction  
CDU – color Doppler ultrasound  
CMI - Chiari malformation type 1  
CM-II - Chiari malformation type 2  
CM-III - Chiari malformation type 3  
CM-IV - Chiari malformation type 4  
CMJ – cervicomedullary junction  
CP – cranioplasty  
CRANI - craniectomy  
CRIP - chronically raised intracranial pressure  
CTS - carpal tunnel syndrome  
CXA – clivo axial angle  
DP - duraplasty  
DR – durarraph  
DTRs - deep tendon reflexes  
EDS - Ehlers-Danlos syndrome  
EMG - electromyography  
EOMs - extraocular movements  
FT – filum terminale  
FFT – fat filum terminale  
HC - head circumference  
HDCT - hereditary disorder of connective tissue  
HNP – herniated nucleus pulposus (= disc herniation)  
IBS - irritable bowel syndrome  
ICT – invasive cervical traction  
ICP – intracranial pressure  
IIH – idiopathic intracranial hypertension  
JP – Jackson Pratt suction  
L - lumbar  
LMP – lateral mass plates  
LTOMY – laminotomy  
MC – meningocele  
MIST – minimally invasive subpial tonsillectomy  
MS – multiple sclerosis  
N/A - not applicable  
NICT - non-invasive cervical traction

N/T - not tested  
NMH - neurally mediated hypotension  
oTC - occult variant of tethered cord  
PERRLA - pupils equal round & reactive to light and accommodating  
PFD - posterior fossa decompression  
PFR - posterior fossa revision  
PLIF – posterior lumbar interbody fusion  
PMC - pseudomeningocele  
POTS - postural orthostatic tachycardia syndrome  
PT – physical therapy  
PTC - pseudotumor cerebri  
PTH - persistent tonsillar herniation  
RECONS – reconstructions (in CT imaging)  
RO - retroflexed odontoid  
SFT - section of filum terminale  
SM - syringomyelia  
SyPeS – syringo peritoneal shunt  
SyPIS – syringo pleural shunt  
SySaS – syringo subarachnoid shunt  
SSEP – somatosensory evoked potentials soft spot syndrome  
T - thoracic  
TC – tethered cord  
TH – tonsillar herniation  
TR – tonsillar resection (subpial)  
TS – tonsillar shrinking  
TCS - tethered cord syndrome  
TMJ – temporomandibular joint  
TOO – transoral odontoidectomy  
XI – eleventh cranial nerve (= accessory nerve)  
XII – twelfth cranial nerve (= hypoglossal nerve)