



# MRI REPORT AND REFERRAL FORM- BRAIN

ID NUMBER:

FORM CODE: 

B	M	R
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DATE: 9/1/2018  
Version 2.0

**Instructions:** To be completed by the Brain Reading Center for every MRI scan, including indicating whether or not any alerts or notifications were reported previously.

### ADMINISTRATIVE INFORMATION

0a. Read Date: 

<input type="text"/>	<input type="text"/>
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 / 

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 0b. Staff ID: 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month Day Year

### RESULTS

**Note:** The following incidental findings do not require an alert or physician notification:

- |                       |                  |                      |                       |
|-----------------------|------------------|----------------------|-----------------------|
| White matter ischemia | Old infarcts     | Microhemorrhages     | Superficial siderosis |
| Atrophy               | Lacunar infarcts | Noncritical stenosis | Remote bleeds         |

1. Are there any alerts or physician notifications present:

- Y  Yes  
N  No **GO TO ITEM 5**

**LOCAL**      **BRAIN**

2. Urgent Alerts

- |   |                                     |       |                          |
|---|-------------------------------------|-------|--------------------------|
| a. Acute Infarction.....                    | <input checked="" type="checkbox"/> | ..... | <input type="checkbox"/> |
| b. Subacute Infarct .....                   | <input checked="" type="checkbox"/> | ..... | <input type="checkbox"/> |
| c. Acute Subdural or Epidural Hematoma..... | <input checked="" type="checkbox"/> | ..... | <input type="checkbox"/> |
| d. Subarachnoid Hemorrhage.....             | <input checked="" type="checkbox"/> | ..... | <input type="checkbox"/> |
| e. Acute Intraparenchymal Hematoma.....     | <input checked="" type="checkbox"/> | ..... | <input type="checkbox"/> |

f. Local Comments (including location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Other Brain RC Comments (not checked above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCAL**

**BRAIN**

**VASCULAR**

**CHANGE  
SINCE  
PRIOR  
SCAN**

3. Conditionally Urgent Alert

a. Obstructive Hydrocephalus.....  .....  .....  (Y/N) B

b. Significant Space Occupying Lesion (ie. tumor)..  .....  .....  (Y/N) B

c. Aneurysm .....  .....  .....  (Y/N) V

d. Luminal Occlusion, Dissection, or Thrombus (nonaneurysmal) .....  .....  .....  (Y/N) V

e. Local Comments (including location) \_\_\_\_\_

\_\_\_\_\_

f. Brain RC Comments (including location, changes, and alerts not checked above) \_\_\_\_\_

\_\_\_\_\_

g. Vascular RC Comments (including location, changes, and alerts not checked above) \_\_\_\_\_

\_\_\_\_\_

**BRAIN**

**VASCULAR**

**CHANGE  
SINCE  
PRIOR  
SCAN**

4. Physician Notification Recommended

a. AV malformation .....  .....  (Y/N) V

b. Pseudoaneurysm.....  .....  (Y/N) V

c. Critical Stenosis (>50%) .....  .....  (Y/N) V

d. Benign Tumor with no Mass Effect .....  .....  (Y/N) B

e. Communicating Hydrocephalus .....  .....  (Y/N) B

f. Other (specify in comments) .....  .....  (Y/N) B

g. Brain RC Comments (including location, changes, and notifications not checked above) \_\_\_\_\_

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h. Vascular RC Comments (including location, changes, and notifications not checked above) \_\_\_\_\_

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5. Letter Type:   
 0  No Change \*   
 1  Change \*   
 2  No prior scan – normal \*\*   
 3  No prior scan – alert/abnormality \*\*

If “Change” or “No prior scan – alert/abnormality”, report results as:

5a. \_\_\_\_\_

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