

Name, first name:
 Birth date:

Source:

PARACLINICAL ASSESSMENT

Date : Day Month Year

MRI

	T1	T1/Gado	T2/PD/FLAIR(*)	Number of T2/PD/FLAIR lesions			
	Not done Negative Positive	Not done Negative Positive	Not done Negative Positive	Total	Peri-ventricular	Juxta-cortical	
BRAIN	Supratentorial				<ul style="list-style-type: none"> <input type="radio"/> < 9, specify exact nb: <input style="width: 30px;" type="text"/> <input type="radio"/> ≥ 9 <input type="checkbox"/> Confluent lesions 	<ul style="list-style-type: none"> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ≥ 3 	<ul style="list-style-type: none"> <input type="radio"/> 0 <input type="radio"/> ≥ 1
	Infratentorial						
SPINAL CORD	Cervical				<ul style="list-style-type: none"> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> ≥ 2 	(*) Tick this box if FLAIR was performed: <input type="checkbox"/>	
	Thoracolumbar						
OPTIC NERVE							
<p>COMPARISON WITH PREVIOUS MRI</p> <ul style="list-style-type: none"> • New lesion(s): <input type="checkbox"/> T1 <input type="checkbox"/> T1/Gado <input type="checkbox"/> T2/PD/FLAIR • Overall: <input type="checkbox"/> Unchanged, or <input type="checkbox"/> Improved <input type="checkbox"/> Worsened 							
<p>STRONGLY SUGGESTIVE OF MS</p> <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Paty <input type="checkbox"/> Barkhof							