



MRI Referral Decision Support Checklist — Headache in Adults

IMPORTANT: Please include this checklist with all MRI referrals for adult patients with headache when sending to Central Intake. This information is required to process your request and to avoid delays in scheduling appointments.

Patient Information			
Last name		First name, Middle initial	
Date of Birth DD	MM	YYYY	Health Card Number

To help us appropriately triage your request for an MRI associated with headache, please check which of the following apply to your patient.

✓ MRI is indicated:

- MRI was recommended on a previous imaging report. Please attach the report.
- Follow-up for prior neurosurgery. Please attach the report.
- Scheduled for neurosurgery. Date and location:
- New primary headache of suspected trigeminal autonomic origin
- New headache in pregnant woman

⊛ MRI may be indicated:

- Post-traumatic headache
- New neurological deficit
- New headache in cancer patient or immunocompromised individual
- New headache with optic disc edema
- Suspected meningitis/encephalitis
- Rhinosinusitis or nasal congestion refractory to medical treatment, with or without suspected orbital or intracranial complication.
- Unexplained focal neurological signs
- Focal neurologic deficit or papilledema
- Headache associated with cough, exertion, position or sexual activity
- Unusual headache attack precipitants
- Headache onset after age 50
- Cervicogenic headache and new or increasing non-traumatic cervical or neck pain. No neurologic deficit.

⊘ MRI is typically not indicated. Consider consultation with a specialist or radiologist prior to MRI:

- Typical migraine, or tension type headaches with a normal neurological exam, with no red flags suggestive of potential causes for a secondary headache disorder
- Headache caused by acute (<4 weeks) uncomplicated rhinosinusitis
- Sudden, severe headache or “worst headache of my life” (consider urgent CT)