CLINICAL CONCERN	→	FIRST STUDY AND FOLLOWED BY IF APPLICABLE.
Acute altered mental status	→	CT head w/o contrast.
Trauma	→	CT head w/o contrast.
Headache (worst headache of life)	→	CT head w/o contrast; MRI w/o contrast
Suspected concussion or traumatic brain injury:	→	MRI w/o & w/ contrast w/ DTI
Suspected intracranial bleed	→	CT head w/o contrast
Suspected acute stroke/TIA	→	CT head w/o contrast (if candidate for thrombolysis) Followed by: CTA +/- perfusion), &/or MRI w/ & w/o contrast & MRA brain & neck w/o &/or w/o & w/ contrast.
Suspected or known CSF leak	→	Nuclear medicine CSF leak study
Suspected intracranial infection	→	MRI w/o & w/ contrast. If MRI contraindicated: CT w/o & w/contrast.
New Onset seizures	→	MRI Brain w/ & w/o contrast; CT Head in unstable patient.
Pituitary dysfunction	→	MRI Brain w/ & w/o contrast (Pituitary protocol)

Memory loss/dementia workup	→	MRI brain w/ & w/o contrast (Hippocampal volumetrics (Alzheimer's disease), perfusion. Consider PET for Alzheimer's.
Known temporal lobe epilepsy	→	MRI w/o & w/ contrast w/ hippocampal volumes..
Suspected or known intracranial mass	→	MRI w/o & w/ contrast. MRI contraindicated: CT w/o & w/ contrast
Suspected shunt malfunction	→	CT head w/o contrast + shunt series followed by nuclear medicine CSF leak study.
Known or suspected cranial neuropathy	→	MRI w/o & w/ contrast (Cranial nerve protocol)
Known or suspected Aneurysm	→	CT head w/o contrast to exclude acute rupture. Followed by CTA head w/ contrast for definition of small aneurysms, or MRA Head (non-contrast)