



CAT SCAN QUESTIONNAIRE

Name: _____ Age: _____ Sex: M or F

Please describe your present complaint or problem for which you are having this exam:

How long have you had this problem? _____

Have you had previous CT scans of the same part of your body? _____

Where _____ When _____
(Name of Facility) (Date of Service)

Have you had any other medical imaging studies done for this condition? _____

Where _____ When _____
(Name of Facility) (Date of Service)

Have you ever had surgery related to this problem? _____

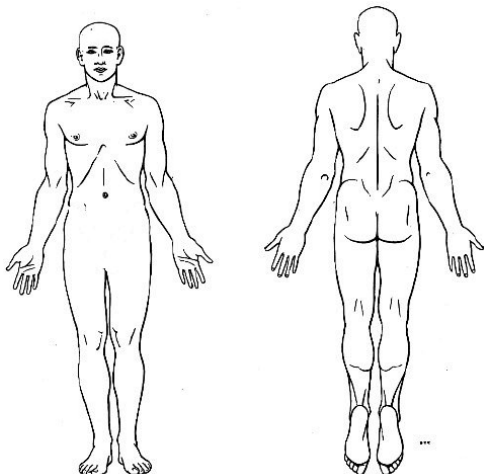
If yes, when was surgery performed & what did the surgeon find & do? _____

Please check all diseases in this list that you have either had in the past or for which you are now under treatment:

- Cancer Diabetes Allergies
- Heart Disease Stomach/intestinal problems Kidney Problems

(For pre-menopausal women): What was the date of your last menstrual period? ___/___/_____

PLEASE SHADE FIGURES TO INDICATE SPECIFIC AREAS OF PAIN OR DISCOMFORT



Script Dx: _____

Referring Physician: _____

Contrast Type: _____ Pt. Weight: _____ Contrast Amount: _____

Technologist Notes:

Interviewer: _____ Tech Scanning: _____

Tech Post Processing: _____

Patient Signature: _____ Date: _____