

CT Questionnaire – Soft Tissue Neck

Name: _____ D.OB. ____/____/____ Age: _____ Sex: M/F
(Last) (First)

WT: _____ HT: ____ft. ____in. Referring Physician: _____

- Please provide a summary of your symptoms specific to your exam today: _____

- Is there a lump in your neck? Yes ___ No ___
If applicable, please circle: RIGHT or LEFT or BOTH sides of your body
- Have you had a biopsy on this area? Yes ___ No ___ If so, what were the results? _____
- Did this symptom/condition arise suddenly? Yes ___ No ___ When did the problem start? _____
- How long have you been treated for this problem? _____ Circle if problem is **Chronic** or **Acute** or **Temporary**
- Is this your initial visit or follow-up visit? _____
- What is/was the cause of the problem? Accident / Motor Vehicle / Fall / Work-Related Injury (Complete Injury Form)
- Are you having pain? Yes ___ No ___ If Yes circle if pain is severe / moderate / mild
If yes, circle if pain is generalized or localized. If localized pain, describe specific area of pain _____
- Do you have any of the following: swelling / bruising / inflammation / contusion / sprain / open wound (please circle)
- Did any existing disease/condition attribute to this current symptom? _____
- Do you have a history of being diagnosed with cancer? Yes ___ NO ___ When? _____ Type? _____
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date started _____ Completed _____
- Any surgery on area being imaged? Yes ___ No ___ If yes, when and what type? _____

- Any other medical or family history pertaining to your exam being performed today? _____

- Do you have any known allergies?: _____
- Are you pregnant or possibly pregnant? Yes ___ No ___ Date of last menstrual period _____
- Prior Diagnostic Imaging of the Neck? Yes ___ No ___ If yes, Date/Study/Facility _____

I acknowledge that all the information given is accurate and thereby consent to have CT with or without an injection of contrast performed on me.

Patient's signature: _____ Date: ____/____/____ Technologist Initials: _____