

## Soft Tissue Neck CT Questionnaire

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: M/F  
(Last) (First)  
WT: \_\_\_\_\_ HT: \_\_\_ft. \_\_\_in. Referring Physician: \_\_\_\_\_

- Please provide a summary of your symptoms specific to your exam today: \_\_\_\_\_  
\_\_\_\_\_
- 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
- Do you have a history of being diagnosed with cancer? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ Type? \_\_\_\_\_
- Have you been treated with either:  Radiation or  Chemotherapy? Date started \_\_\_\_\_ Completed \_\_\_\_\_
- Have you taken a drug call AVASTIN?  YES  NO If Yes, when was the last time your received the drug AVASTIN? \_\_\_\_\_
- Do you wear a Dexcom glucose monitor? Yes \_\_\_ No \_\_\_ *If Yes, please inform your technologist before exam*
- Any surgery on area being imaged? Yes \_\_\_ No \_\_\_ If yes, when and what type? \_\_\_\_\_
- Prior Diagnostic Imaging of the area being scanned today? Yes \_\_\_ No \_\_\_  
If yes, Date/Study/Facility \_\_\_\_\_
- Is there a lump in your neck? Yes \_\_\_ No \_\_\_ [**TECHNOLOGIST MARK LUMP ON PATIENT**]
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- Have you had a biopsy on this area? Yes \_\_\_ No \_\_\_ if so, what were the results? \_\_\_\_\_

### **Female patients:**

Are you pregnant or possibly pregnant? Yes \_\_\_ No \_\_\_ Date of last menstrual period \_\_\_\_\_

**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:** \_\_\_\_\_

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**TECHNOLOGIST NOTES:** \_\_\_\_\_

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