MRI/CT/XRAY CHEST QUESTIONNAIRE

Please help us make an accurate diagnosis by answering the following questions:

What is your current weight? ___________ (lbs/kgs) What is your height? __________________

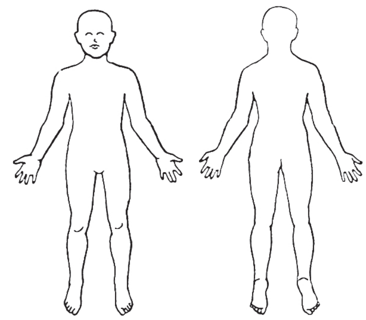
Why did your doctor order this exam?____

❑ Yes ❑ No Are you currently having symptoms?

If yes, what are they? ____

If yes, for how long? __________________________

Please mark location of your symptoms on the diagram. ⟶



❑ Yes ❑ No Do you currently have pain? If yes, for how long? ___________

Where is the pain? __________________________

When does the pain occur? ____

❑ Yes ❑ No Does your pain radiate? Where: _____________________________________

❑ Yes ❑ No Have you had an injury or trauma to the area we are scanning today? When: _______________

Describe: ____

❑ Yes ❑ No Have you had any surgery on the area we are scanning today? When: ______________________

Describe: ____

❑ Yes ❑ No Have you ever had cancer? When: ____________________ Type: _________________________________

❑ Yes ❑ No Do you have difficulty breathing or any other respiratory issues?

Describe: ____

❑ Yes ❑ No Have you ever had a heart attack? When: _________________

❑ Yes ❑ No Do you smoke, or have a history of smoking? If yes, number of packs/day: __________

❑ Yes ❑ No Have you had past imaging studies of the area of your body we are scanning today?

Type of imaging study: ____________________ When: ___________ Name of facility: _______________

Type of imaging study: ____________________ When: ___________ Name of facility: _______________

Other medical history we should know about? ____

____

For female patients:

❑ Yes ❑ No Are you pregnant? Date of last menstrual period: ________________________________

❑ Yes ❑ No Are you breast feeding?

Signature of patient: ____ Date: ________________________

Name of person filling out this form, if other than the patient (please print): _____________________________________

Relationship to patient (please print): ____

Technologist Initials: ___________

Affix Pt Sticker Here

(rev 9/15)