


## CT PATIENT MEDICAL HISTORY

Please read carefully. Complete ENTIRE form.

What type of problems are you having (why are you here)? \_\_\_\_\_

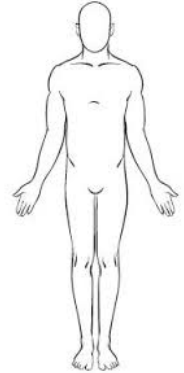
Indicate the area you are having problems with on diagram to right. 

List Current Medications \_\_\_\_\_

Have you taken any pre-medication?     YES     NO    *If yes*, list: \_\_\_\_\_

Is there a possibility that you are pregnant?     YES     NO

Have you had a previous CT of this area?     YES     NO    *If YES*, location: \_\_\_\_\_



### Smoking History

Non Smoker     Current Smoker     Former Smoker: How many years ago did you quit for good? \_\_\_\_\_

How many packs per day you have smoked and for how many years. EX: This may vary for you, indicate each \_\_\_\_\_ packs/day for \_\_\_\_\_ years    \_\_\_\_\_ packs/day for \_\_\_\_\_ years    \_\_\_\_\_ packs/day for \_\_\_\_\_ years

### Do you have symptoms or PERSONAL history of?

		YES	NO			YES	NO
Arm Pain	LT    RT			Dizziness			
Arm Weakness	LT    RT			Headaches			
Arm Numbness	LT    RT			Seizures			
Leg Pain	LT    RT			Stroke			
Leg Weakness	LT    RT			Heart Disease			
Leg Numbness	LT    RT			Kidney Disease			
Visual Problems	LT    RT			Diabetes			
Hearing Problems	LT    RT			High Blood Pressure			
Neck Mass	LT    RT			Liver Transplant			
Neck Pain	LT    RT			Cancer			
Speech Problems				Chemotherapy			
Balance Problems				Radiation Therapy			
Removable glucose monitoring device				Other			

### Please indicate any previous surgery:

Part	Date	Part	Date	Part	Date
Brain		Heart		Shoulder    LT    RT	
C. Spine		Gallbladder		Knee    LT    RT	
T. Spine		Intestines/Bowels		Hip    LT    RT	
L. Spine		Appendix		Foot/Ankle    LT    RT	
		Uterus/Ovaries		Other: _____	

***I have read and completed the above questions on the CT Patient Medical History form. I have been provided the opportunity to ask any questions I may have. I verify this by signing below.***

\_\_\_\_\_  
Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If not patient, relationship to patient

\_\_\_\_\_  
Reviewed By (Technologist Signature)