Patient Sticker

_____

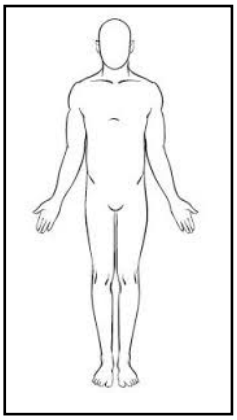
Appomattox Imaging
HCA
AN HCA AFFILIATE

Height _____

Weight _____

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 <u>of this area</u>? ☐ 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)