

# CT HISTORY SHEET

## GENERAL QUESTIONS

1. Please explain your current problem or complaint in detail: \_\_\_\_\_  
\_\_\_\_\_
2. How long have you had this problem? \_\_\_\_\_
3. Please list any prior surgery you've had on the areas being studied: \_\_\_\_\_  
\_\_\_\_\_
4. Any trauma or injury: \_\_\_\_\_
5. Any history of cancer? If yes, what kind and when? \_\_\_\_\_  
Any treatments? What kind and when? \_\_\_\_\_
6. Any prior CT (or MRI scan or ultrasound) of this area? If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_
7. Last Menstrual Period: \_\_\_\_\_ Any chance you could be pregnant?  Yes  No
8. List all medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_
9. Please check any of the implanted devices you currently have:  
 Pacemaker/Defibrillator  Neurostimulator  Other implanted electronic devices

## CT HEAD

1. Please check any symptoms you have:
 

<input type="checkbox"/> pain or headache	<input type="checkbox"/> numbness	R	L
<input type="checkbox"/> confusion	<input type="checkbox"/> weakness	R	L
<input type="checkbox"/> fainting	<input type="checkbox"/> visual problems	R	L
2. Any history of head injury? \_\_\_\_\_
3. Any history of stroke? If yes, when? \_\_\_\_\_

## CT CHEST

1. Please check any symptoms you have:
 

<input type="checkbox"/> pain	<input type="checkbox"/> weight loss
<input type="checkbox"/> cough	<input type="checkbox"/> fever
<input type="checkbox"/> coughing up blood	<input type="checkbox"/> shortness of breath
2. Are you a smoker or recent ex-smoker? \_\_\_\_\_

## CT ABDOMEN AND/OR PELVIS

1. Please check any symptoms you have:
 

<input type="checkbox"/> pain	<input type="checkbox"/> blood in urine	<input type="checkbox"/> fever
<input type="checkbox"/> blood in stool	<input type="checkbox"/> weight loss	<input type="checkbox"/> diarrhea
<input type="checkbox"/> nausea or vomiting	<input type="checkbox"/> constipation	<input type="checkbox"/> vaginal bleeding
2. Has your appendix been removed? \_\_\_\_\_
3. Any surgery not mentioned above? (gallbladder, uterus, ovaries, intestines, etc.) \_\_\_\_\_

