



CAT SCAN CLINICAL QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

1. Why has your doctor sent you for this test? Did he/she give you a specific diagnosis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe what specific complaints/symptoms have been most bothersome to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you had these complaints/symptoms? \_\_\_\_\_

4. Do you have a history of cancer? If so, type? \_\_\_\_\_

5. Have you had any previous surgery?:

Date	Type
_____	_____
_____	_____
_____	_____

6. Have you had any prior tests?

MRI	Date:_____	Place:_____
CT scan	Date:_____	Place:_____
Ultrasound	Date:_____	Place:_____
Nuclear Medicine	Date:_____	Place:_____
PET scan	Date:_____	Place:_____
Other _____		

7. Are you or could you be pregnant at this time?  yes  no

(If yes, please let the technologist or radiologist know before the exam)

