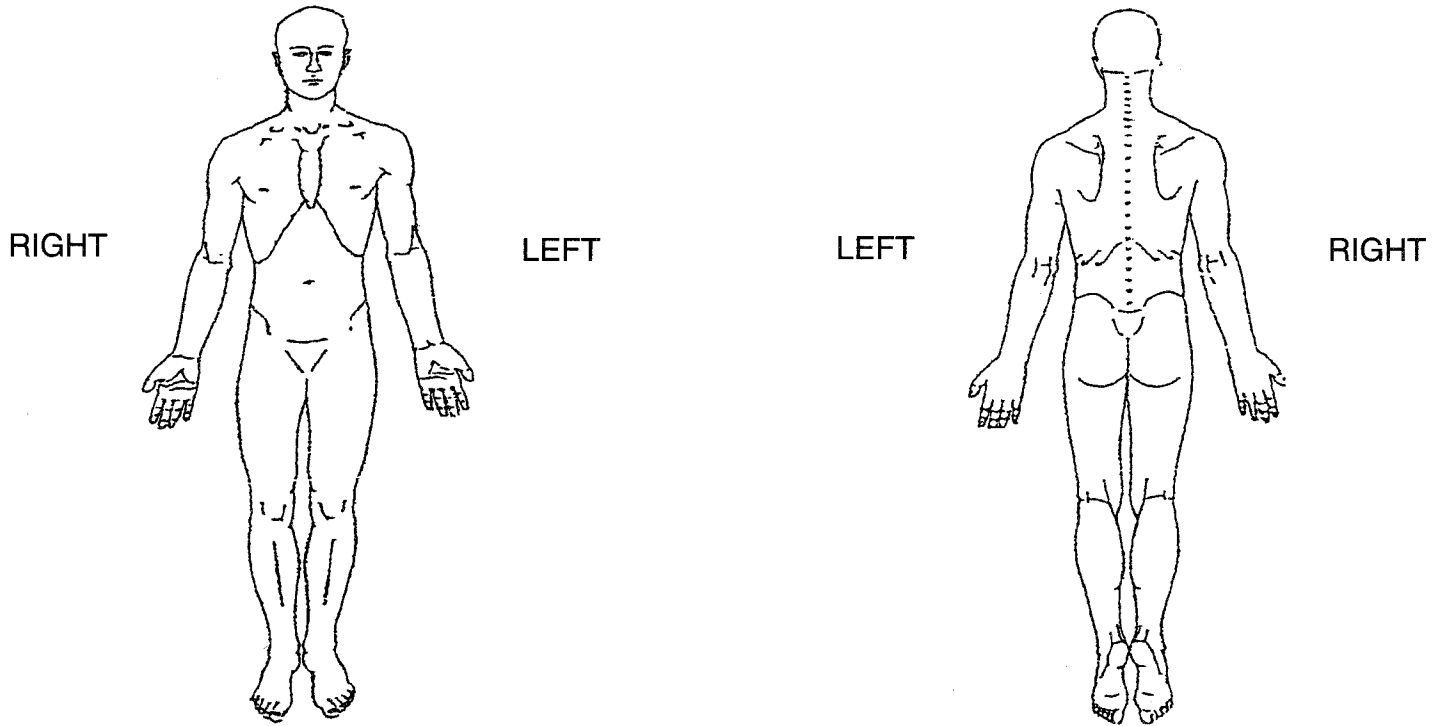




MRI SCAN / CT SCAN PATIENT CLINICAL HISTORY SHEET

Name _____ Date _____

Please mark the problem area(s) on the diagram or mark where you are experiencing pain. You may mark more than one area. This is meant to assist our Radiologists as they interpret your exam.



Please explain your symptoms. _____

When did your problem develop? _____ How did your problem develop? _____

Did you ever have any type of surgery on the area being scanned today? () Yes () No

If yes, what type of surgery? _____

_____ When was the surgery? _____

Any history of cancer? () Yes () No If yes, what type and what therapy have you had?

Have you ever had an MRI or a CT scan of this area before? () Yes () No

If yes, when? _____ Where was the scan performed? _____