The Miriam Hospital
A Lifespan Partner

IMAGING SERVICES DEPARTMENT

CAT SCAN/ULTRASOUND CLINICAL HISTORY SHEET

Name: _____ Date: _____

Please answer the questions below to the best of your ability. These are meant to assist our radiologists as they interpret your exam.

PLEASE EXPLAIN THE REASON FOR YOUR CAT SCAN OR ULTRASOUND, (i.e., PAST CHEMOTHERAPY, RADIATION THERAPY, NEW PROBLEM):

_____

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: _____

_____

WHEN? _____

HAVE YOU EVER HAD A CAT SCAN/ULTRASOUND OF THIS AREA BEFORE?
( )YES ( )NO IF "YES," WHEN? _____

WHERE WAS THE SCAN PERFORMED? _____