



# Imaging

## CT CLINICAL QUESTIONNAIRE

Name: \_\_\_\_\_

D.O.B \_\_\_\_\_ Weight \_\_\_\_\_

Please describe the reason for the exam today (symptoms): \_\_\_\_\_

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### Please answer the following questions:

**NO/YES** Do you have a personal history of cancer? If so, what type:

\_\_\_\_\_

**NO/YES** Have you had any surgery on the body part being examined today?

**If so, please list below**

\_\_\_\_\_

\_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technologist Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*FEMALE PATIENTS ONLY\***

**NO/YES** Are you pregnant or do you think you could be?

**NO/YES** Are you currently breastfeeding?