

SOFT TISSUE NECK EVALUATION

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

_____	_____	_____	_____
Last Name	First Name	Middle	Today's Date
_____	_____	_____	
Age	Height	Weight	

1. Describe what made you go see your doctor: _____

2. How long have you had this problem? _____

3. Have you had any radiation to your neck? Yes No
4. Have you had any chemotherapy to your neck? Yes No
5. Have you had surgery to your neck? Yes No
6. If yes, what surgery and when? _____

7. Have you had prior imaging of this area? Yes No
8. If yes, where and when? _____

9. Do you have a personal history of cancer? Yes No Type _____
10. Do you have any other medical conditions? _____
