PROGRESSIVE DIAGNOSTIC IMAGING

X-RAY/ULTRASOUND PATIENT QUESTIONNAIRE

Please answer the following questions to the best of your ability and review any questions left unanswered with the technologist.

How did you hear about us? _____

Name: _____ DOB: _____Approximate weight: _____

1. Please indicate the symptoms which you are having that pertain to your x-ray or ultrasound.

___Head	___Arm	___Abdomen
___Vision loss/changes	___Leg	___Foot
___Dizziness	___Knee	___Shoulder
___Numbness in arms/legs	___Lower back	___No symptoms
___Ringing in ears	___Upper back	Other: _____
___Lump/mass	___Neck	_____

2. If any, how long have you had these symptoms? _____
3. Is this the result of an injury? Yes___ No___

   If yes, please describe: _____
4. Have you had any previous testing done on the area being examined? Yes___ No___
5. Have you had any prior surgeries on the area being scanned? Yes___ No___

   If yes, please describe: _____
6. Have you (past/present) been diagnosed with cancer? Yes___ No___

   Area: _____
7. Have you had radiation therapy or chemotherapy? Yes___ No___
8. Is there any chance of pregnancy? Yes___ No___
9. Do you have any known allergies? Yes___ No___

   If yes, please describe: _____

Patient signature: _____ Date: _____