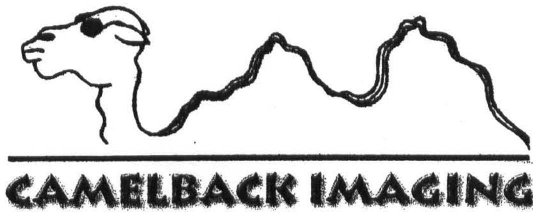

BRAIN CT HISTORY FORM

Referring Physician_______________________________ Accession #___________________________________

Patient Name: ____
(Last) (First) (Middle)
Birthrate: ______________________ Age: _____________ Today's Date: __________________________________

Is there any possibility you may be pregnant? _________ Weight: ____________lbs. Height: ________________
In one sentence, describe what made you go see your doctor:

____

Do you have headaches? _________ Describe your headaches: ____

Have you ever had a head injury?_________ If so, when?____

Difficulty walking? _______Seizures? _______Lt or Rt. sided weakness? _________(Please specify which)

____

Did your difficulty happen over the years? ______ Months? ________ Weeks? _________ Days? _____________
Do you have difficulty walking or with your balance? __________ If so, please describe: ___________________
Is your vision normal? __________________ If not, describe the problem____________________________________

Do you have difficulty thinking? __________ Remembering? ________ Calculating? __________

Have you found it difficult thinking of saying the right words? _________ Thinking of the right words?_____________

Have you had surgery in your brain region? ____________ Radiation therapy? _____ Chemotherapy?____________

If yes, please describe your treatment____
Any ringing in ears or hearing loss?__________ Dizziness_________ Numbness______ tingling_________________

Have you ever had an infection in your brain or meningitis?__________
Describe your general health:____
Do you have allergies or asthma? _______________ Please list allergies:_______________________________________

Do you have any allergies to x-ray dye? __________ if yes, explain reaction:_______________________________________

Do you have any other medical conditions that we should know about? _______________________________________

Have you had a previous CT or MRI of this region before? _____ What type:______________ Date:________________
Location of procedure: _______________________________ What were the findings? __________________________

Signature: ____