CT Head/Brain Questionnaire

Name:_________________________________ D.O.B.___/___/____ Sex: M/F WT:______lbs

Why are you having the exam? (Symptom):_____________________________________________

What side, location, body part is involved? (Location):_______________________________________

How long have you had this problem? (Duration):_______________________________________

If due to injury, how did it occur? (Mechanism of Injury):_____________________________________

YES NO Is there any chance you may be pregnant? Date of last menstrual period?__________

YES NO Do you wear a Dexcom, Libre, or other glucose monitor?

YES NO Do you have a history of being diagnosed with cancer? Type?____________________

YES NO Any radiation therapy? If YES, dates?____________________________________

YES NO Any chemotherapy? If YES, dates/type?__________________________________

YES NO Any prior imaging of the area? Where/when? ______________________________

YES NO Any prior surgery of the area? Type/dates?________________________________

YES NO Any history of brain aneurysm? If YES, dates?__________________________

YES NO Any history of stroke? If YES, dates?_______________________________________

YES NO Any history of seizure? If YES, dates?______________________________________

YES NO Any history of shunt? If YES, dates?_______________________________________

YES NO Are you in a lung cancer screening program with yearly CTs of the chest?

YES NO Do you now or have you ever smoked?
If YES, how many years did you smoke? ____________.years
How many packs per day did you smoke? ______.packs per day
How long ago did you quit? If still smoking, mark as “0”: ______.years ago

**I acknowledge that all the information given is accurate and thereby consent to have CT with or without an injection of contrast performed on me.**

Signature:_______________________________________________ Date:___/___/___

Technologist Notes:______________________________________________________________

_____________________________________________________________________________

Technologist Initials:_________________

V:DRIVE/FORMS/CT/CT HEAD AND BRAIN