



SOFT TISSUE NECK CT/MR QUESTIONNAIRE

Name _____ DOB _____ AGE _____

What complaints or symptoms lead you to see your doctor? _____

How long have you had these symptoms? _____

Have you ever had trauma or injury to your neck? _____ When? _____

If yes, please describe _____

Do you have neck pain? _____ For how long? _____

Do you have any lumps or masses that you can palpate (feel) ? Yes ____ No ____

If you answer yes to the question above please indicate which side right or left _____

Have you ever had a biopsy to this area ? Yes _____ No _____

Have you ever had surgery to the soft tissue neck ? Yes _____ No _____

Please list any other medical problems that you have, or have had in the past.

Please list any and all medications you are currently taking.

Patient's Signature _____