

RELATED TO TODAY'S EXAM:

THORACIC / LUMBAR

Yes No Are you having back pain ?
 Yes No Does the pain radiate into your legs ?
 If Yes, which leg?
 Right Left Both
 How far down does the pain radiate? _____
 How long?: _____

CERVICAL

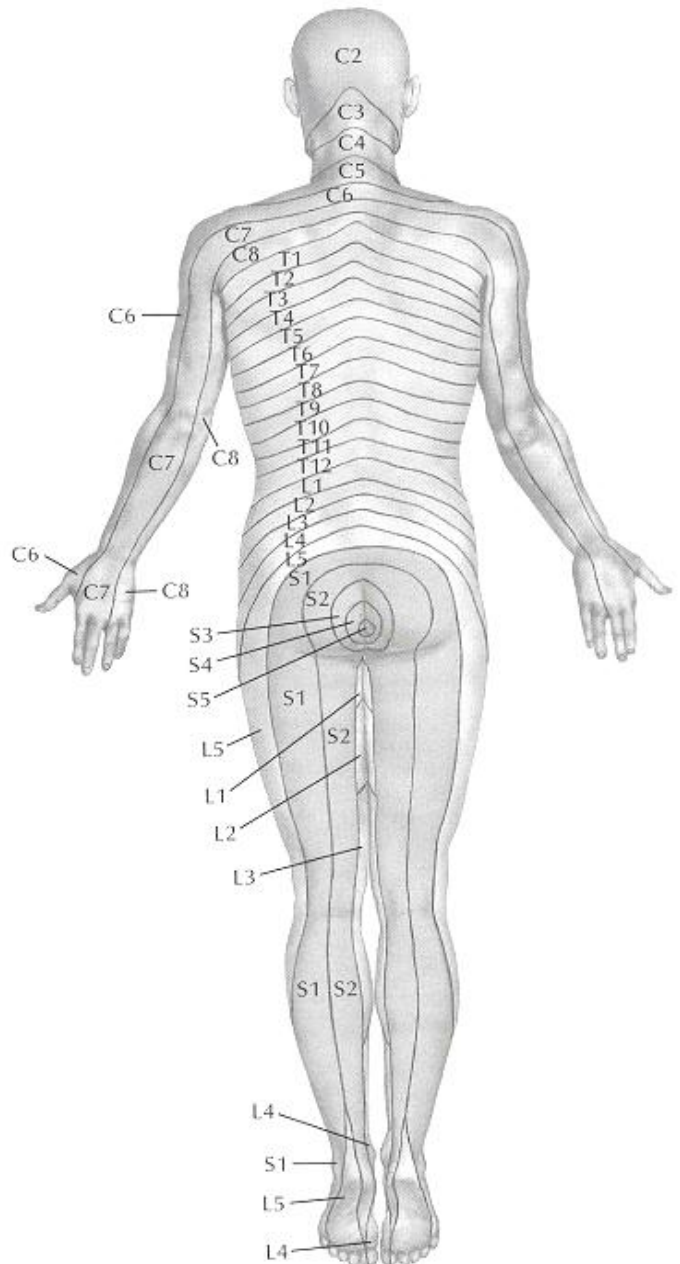
Yes No Are you having neck pain ?
 Yes No Does the pain radiate into your arms ?
 If Yes, which arm?
 Right Left Both
 How far down does the pain radiate? _____
 How long?: _____

BRAIN

Yes No Seizures ?
 Yes No Dizziness ?
 Yes No Blurred Vision ?
 Yes No Severe Headaches ?
 Yes No Difficulty Hearing ?
 Yes No Hearing Loss ?
 Yes No Elevated Prolactin Level ?
 (prolactin is hormone secreted by the pituitary gland)
 Please describe any other problems:

 How long?: _____

Please shade the areas where you are experiencing pain, numbness, etc.



MUSCULOSKELETAL

Area to be scanned: _____
 Please describe any symptoms you may be having:

 How long?: _____
 Yes No Is this a sport or work related injury ?
 If Yes, details:

BREAST

Yes No Implants?
 If yes, please circle one: Saline Silicone
 Date of last mammogram and where?:

 If you are having any problems, please explain:

