

Lake Imaging Center SM

7135 Perkins Road - Baton Rouge, LA 70808 ♦ 225.765.8600

CT Questionnaire

Name: _____ Age: _____ Sex: M F

Please describe your present complain or problem for which you are having this exam:

How long have you had this problem? _____

Have you had previous CT scans of the same part of your body? Yes No

If yes, where and when were these studies done? _____

Have you had any other medical imaging studied done for this condition? Yes No

If yes, where and when were these studies done? _____

Have you ever had surgery related to this problem? Yes No

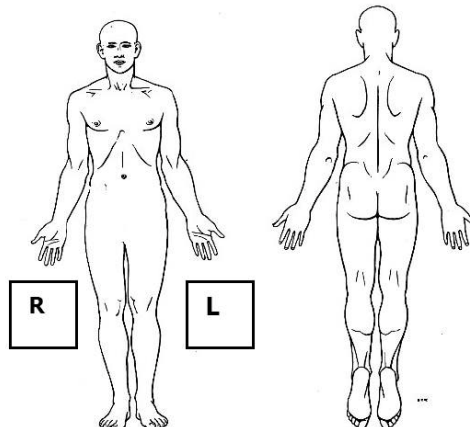
If yes, when was the surgery performed and what did the surgeon find and do?

Please check all diseases in this list that you have either had in the past or for which you are now under treatment:

- Cancer Diabetes Allergies Heart Disease Stomach/Intestinal problems
 Kidney problems

For pre-menopausal women: What is the date of your last menstrual period? ____ / ____ / ____

PLEASE SHADE FIGURES TO INDICATE SPECIFIC AREAS OF PAIN OR DISCOMFORT



Signed: _____ Date: _____