

# SOFT TISSUE NECK EVALUATION

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| Last Name: | First: | Date: |
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**THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY**

1. What was your chief complaint when you visited the doctor?

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2. How long have you had this problem?

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3. Have you had any bowel or bladder changes? Yes or No (Circle one)

4. Have you had surgery to the area being scanned? Yes or No (Circle one)

5. When was your surgery?

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6. Have you had prior studies on these areas? Yes or No (Circle one)

7. Prior studies when? \_\_\_\_\_

8. Prior studies where? \_\_\_\_\_

9. List prior results?

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10. Do you have any other medical conditions we should know about?

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