

DIAGNOSTIC PATIENT QUESTIONNAIRE

The following short answers will help the radiologist in performing and interpreting your test.

- 1. State your main problem. (*Example: Chest pain with exercise*)

- 2. How long have you had your main problem?

- 3. Briefly describe your main medical problem, and any related medical history or tests you have had for **this** problem. (*Example: Rectal bleeding for 3 months, prior history of hemorrhoids, no surgery, colonoscopy with Dr. Smith was negative*)

- 4. List your other major medical problems. (*Example: diabetes, high blood pressure, prostate cancer*)

- 5. What medication(s) are you currently taking? Please list.

- 6. What, if any, food or medication allergies do you have? Please list.

- 7. Do you have any physical limitations that would make this test difficult for you? (*Example: Standing for prolonged period of time*)

- 8. Please list any additional physicians who should receive a report of this examination.

_____ A.M./P.M.
 [Patient Signature] [Date] [Time]

_____ A.M./P.M.
 [Person Reviewing] [Date] [Time]

PATIENT QUESTIONNAIRE
Department of Radiology – Diagnostic
 PS 4252 Rev 06/22/09

Original – Chart

