

# CT PATIENT HISTORY FORM



Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

- 1) Do you have an allergy to Iodine, X-ray dye, or CT dye? YES NO
- 2) Do you have high blood pressure? YES NO  
If yes, do you know your last reading? (ie: 120/80) \_\_\_\_\_
- 3) Do you smoke? YES NO  
If yes, how many packs per day? \_\_\_\_\_ For how long? \_\_\_\_\_
- 4) If you quit smoking, how long ago? \_\_\_\_\_ How many packs per day? \_\_\_\_\_  
For how long? \_\_\_\_\_
- 5) Do you have high cholesterol? YES NO
- 6) Do you know your cholesterol values? Total: \_\_\_\_\_ LDL (bad) \_\_\_\_\_ HDL (good) \_\_\_\_\_
- 7) Have you ever been exposed to any of the following substances? (Please Circle)  
ASBESTOS / ARSENIC / CHROMIUM / NICKEL / RADIOACTIVE RADON / RADIATION / MUSTARD  
GAS. If any of these, for how long? \_\_\_\_\_
- 8) Have you ever had lung cancer? If yes, when? \_\_\_\_\_ YES NO
- 9) Have you ever had a malignancy other than lung cancer? YES NO  
If yes, please describe: \_\_\_\_\_
- 10) Have you ever had either of the following chest infections? (Please circle)  
TUBERCULOSIS / FUNGAL
- 11) If you are female, are you postmenopausal? YES NO  
If yes, are you taking hormones? YES NO
- 12) Do you, or have you ever had:
  - a. A heart attack? YES NO
  - b. A stroke? YES NO
  - c. Chest pain/angina? YES NO
  - d. Heart catheterization? YES NO
  - e. Diabetes? YES NO
  - f. Blood in stool? YES NO
  - g. Unintended weight loss? YES NO
  - h. Family history of heart disease? YES NO
- 13) Any previous surgeries? YES NO  
If yes, what, where and when? \_\_\_\_\_
- 14) Females: Could you be pregnant? YES NO  
Last menstrual period date? \_\_\_\_\_

A dictated report of your assessment will be sent to you and your physician. It is your responsibility to follow up with your physician regarding the results. Depending on the results of your scan, other imaging or laboratory tests may be recommended to you by your doctor.

**I certify the above to be correct.**

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness