



**SOFT TISSUE NECK CT/MR QUESTIONNAIRE**

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

What complaints or symptoms lead you to see your doctor? \_\_\_\_\_  
\_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_

Have you ever had trauma or injury to your neck? \_\_\_\_\_ When? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Do you have neck pain? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you have any lumps or masses that you can palpate ( feel ) ? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer yes to the question above please indicate which side right or left \_\_\_\_\_

Have you ever had a biopsy to this area ? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had surgery to the soft tissue neck ? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any other medical problems that you have, or have had in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all medications you are currently taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature \_\_\_\_\_