

COLUMBUS CIRCLE IMAGING

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QUESTIONNAIRE FOR BRAIN, SPINE, AND NECK CT SCANS

NAME _____ DATE _____

- 1) Why are you having this test? What are your symptoms? (e.g. headache, neck pain, back pain). What side of the body does it affect?

- 2) What is your diagnosis?

- 3) Have you had a CT Scan or an MRI scan at the area we are about to scan?

- 4) Have you had surgery on the area we are about to scan? If so, when and where?

- 5) Do you have high blood pressure?

- 6) Were you involved in an accident related to your medical problem?