

HAZLETON IMAGING

Date of Birth: _____

Referring Physician: _____

Brain Scan Questionnaire

1. What are the reasons your doctor has scheduled you for an Examination of the brain?

2. Is there any history of dizziness or hearing loss? Yes No

If so, which side Left Right

3. Are you being or were you ever treated for medical illnesses? Yes No

If so, please specify _____

4. Please list any surgical procedures, operations that you have had

5. Is there any history of weakness and if so which side? Left Right

6. Is there any history of numbness and if so which side? Left Right

7. Have you ever had Chemotherapy?

If so, please list approximate dates _____

8. Is there any history of seizures, past or present? _____

9. Is there any history of traumas, accidents and if so, when? _____

Please give a brief description of the incident _____

10. Do you have any problems with respect to memory and forgetfulness?

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Parent or Guardian)

Date Signed: _____
