

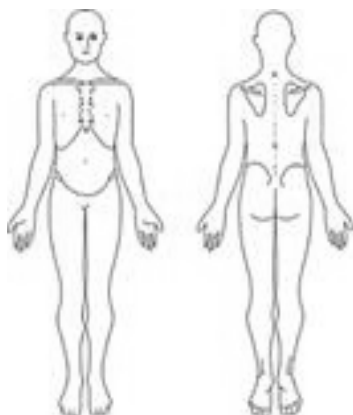


MEDICAL HISTORY

1) Is there any chance you could be pregnant? Y N

2) Please describe the reason(s) for today's exam. List any symptoms you have. (Please circle area of concern on diagram)

3) What is the date of injury or onset of symptoms? _____



R L L R

4) Have you had any surgery to the area of your body that will be covered in today's exam?
Y N (If yes, please indicate where and when the surgery was performed).

4) Please list all previous exams performed that have to do with your symptoms.
(List all relevant medical history).

5) Do you have a personal history of cancer? If yes, have you had any treatment?

6) Do you or have you smoked? Y N If yes, date stopped? _____

7) When is your follow-up appointment for this exam (if applicable)? _____

Signature

Date

Print Name Here Please