TRI-CITY RADIOLOGY

BODY Imaging Evaluation Form

The following information is necessary to comply with the federally mandated ICD-10 billing requirements, which takes effective Oct. 1st 2015.

NAME: _____ Age: _____ Weight: _____ Date: _____

1. What was your chief complaint when you visited your doctor? _____

_____

What is the **specific body part** we are imaging? **Neck** **Chest** **Abdomen** **Pelvis** (circle)

2. If you have pain; please indicate **where**: _____

*** How long** has it been hurting? _____

3. Do you currently smoke? **YES** or **NO** Have you ever smoked? **YES** or **NO**

# of Cigarettes Per Day: _____ # of Years Smoked: _____

4. Do you have a **cough**? **YES** or **NO** If yes, for how long? _____

5. Any recent **weight loss? YES** or **NO** How much ____ Over how long ____ Any recent **fever? YES** or **NO**

6. ANY **surgeries**? **YES** or **NO** List: _____

_____

7. Are you experiencing **Shortness of breath**? **YES** or **NO** If yes, for how long? _____

8. Do you have a history of **cancer**? **YES** or **NO** If yes, please list:

   a. Type(s) of cancer: _____

   b. Diagnosis date(s): _____

   c. Treatments you have completed for it (radiation, chemotherapy): _____

_____

9. **Trauma/injury** involving the area we are imaging today? **YES** or **NO** Date of Injury: _____

What activity were you doing when you were injured (skiing, mva, fall): _____

Where did this trauma/injury occur (exact location)? _____

Please describe the injury: _____

10. Have you had any other imaging tests done on the body part **we are imaging today**?

X-Rays?	**YES** or **NO**	When & Where? _____
MRI Scan?	**YES** or **NO**	When & Where? _____
Bone Scan?	**YES** or **NO**	When & Where? _____
Ultrasound?	**YES** or **NO**	When & Where? _____
CT Scan?	**YES** or **NO**	When & Where? _____

***CT patients only: How many CT Scans **(of <u>ANY</u> body part)** have you had in the last **12 months**?* _____

<u>Female Patients Only</u>: Are you pregnant? _____ The first day of your last menstrual period: _____

If yes, please notify the technologist immediately!

Updated 4/3/2018