



GENERAL IMAGING HISTORY, SCREENING, AND CONSENT FORM

Name: _____ Date: _____

DOB: _____ Age: _____ Weight: _____ Height: _____

Requested Exam: _____ Physician: _____

Sex: M / F Are you pregnant? Yes / No / ? / N/A Last menstrual period: _____

What is the reason that you are here today? Please explain your medical problem(s) in detail.
(What is the problem? Where is the problem? How long have you had this problem?)

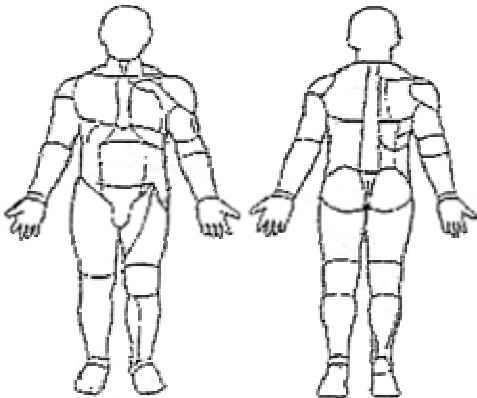
Have you had a previous exam related to this problem? Yes / No If yes explain where/when:

List all medical problems you may have: _____

List all previous surgeries: _____

List Medications you are presently taking: _____

List any drug allergies: _____



Do you have pain? Yes No N/A
How long have you had the pain? _____
Rating / Intensity: 1 2 3 4 5 6 7 8 9 10 +

Draw on the figures where your pain and/or symptoms are located.

I have answered these questions to the best of my knowledge and understand the information that has been presented to me and by giving my signature have given my consent to have the above listed exam preformed by Envision Imaging of Frisco.

SIGNATURE OF PATIENT / PARENT / LEGAL GUARDIAN

SIGNATURE OF TECHNOLOGIST

Tech Notes: _____
