

# Atlantic Medical Imaging US History Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Encounter for today's exam:  Initial  Follow Up Level of Pain (1-10): \_\_\_\_\_

**Prior Diagnosis of Covid 19?** Yes or No; **If Yes, When** \_\_\_\_\_ **Covid 19 Vaccinated?** Yes or No **If Yes, When** \_\_\_\_\_

**If Yes, Vaccinated in:** Left Arm or Right Arm (circle one)

Medications: \_\_\_\_\_

What symptoms are you having that led your doctor to order this imaging study? \_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_ Symptom was  Gradual onset  Sudden

How long have you had the pain? \_\_\_\_\_ Getting better or worse? \_\_\_\_\_ Specific area of pain \_\_\_\_\_

Have you ever had surgery to the area being imaged today?  Yes  No

*If yes, date of surgery: \_\_\_\_\_ describe: \_\_\_\_\_*

Any prior imaging of the area being imaged today done at a facility OTHER THAN AMI? (CT, MRI, Ultrasound,

Mammogram, CT/PET, Endo/colonoscopy)

Yes, please list below

No

Exam: \_\_\_\_\_ When/Where: \_\_\_\_\_ Priors Requested?  Yes  No

Exam: \_\_\_\_\_ When/Where: \_\_\_\_\_ Priors Requested?  Yes  No

**Do you have a history of the following? - Please answer all questions.**

Yes  No **Cirrhosis or Hepatitis**

Yes  No **Diabetes**

Yes  No **Hypertension**

Yes  No **Cancer** *If yes, please describe* \_\_\_\_\_

Yes  No **Chemotherapy-** *Is the treatment complete?*  Yes  No *Date completed* \_\_\_\_\_

Yes  No **Radiation-** *Is the treatment complete?*  Yes  No *Date completed* \_\_\_\_\_

**Smoking Status:**  Current  Former  Never

## Female Only:

**Date of last menstrual period:** \_\_\_\_\_ **Are you breastfeeding?**  Yes  No

**Is there any chance you may be pregnant?**  Yes  No **If yes, what trimester:** 1 2 3

**Have you had any recent blood work for this pregnancy specifically HCG levels?**  Yes  No

***If yes, HCG Levels & Date Drawn:*** \_\_\_\_\_

**Patient/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TECH USE ONLY: ***List each ICD10 code and Translation***

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