

Name: _____
Last First Middle Initial

Age: _____

Date: _____

Pre-CAT Scan Evaluation

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

2. Describe your symptoms (e.g., burning, sharp, etc.) _____

3. a. Does anything make the pain worse (e.g., standing, sitting, lying down, etc.)? _____
b. Does anything make it better? _____

4. Have you had surgery? _____
When _____
What was done? _____

5. Are you taking any medicines? _____
What kind? _____
6. Do you have any other medical conditions? _____

