



Advanced Imaging Newport Coast

PATIENT QUESTIONNAIRE

MRI SOFT TISSUE NECK

Please complete the following questions as best as you can

NAME : _____ DATE : _____

Do you have :

	Yes	No
1. Neck Pain/Tenderness	<input type="checkbox"/>	<input type="checkbox"/>
2. Pain Worse on (Left_____ Right_____)		
3. Swelling (Left_____ Right_____)	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your voice changed recently ?	<input type="checkbox"/>	<input type="checkbox"/>
6. History of Cancer	<input type="checkbox"/>	<input type="checkbox"/>

What kind ? _____

7. Have you had surgery/biopsy on the neck ?

What was done ? _____ **When ?** _____

How long have you had this problem ? _____

8. Any hand/arm numbness/weakness ?

Which side ? (Left_____ Right_____)