Orange County Diagnostics
Offices: Mission Viejo, Ladera Ranch and Laguna Woods

Office Use Only

MRN __________

MRI / CT PATIENT HISTORY

Date: __ /__ /_____ Name: ___________________________________ Age: _________

Please list any symptoms you are having related to this visit (i.e. pain, nausea…):

____

How long have you had these symptoms? ____

Did you have a recent injury or trauma? Explain… _______________________________________

____

Do you have any personal history of cancer? ____

Have you had any other tests related to this problem? (X-rays…) ____________________________

____

Please list any surgeries, dates and the reason for the surgery: _____________________________

____

Please list any medications you are taking and what it is for: ______________________________

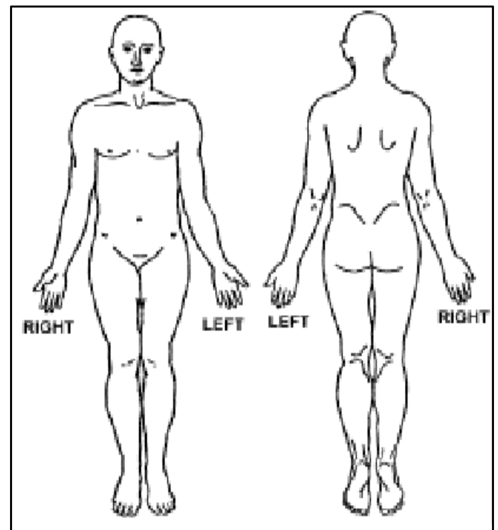
____

Do you have any allergies to medications? No ☐ Yes ☐

Please List: ____

Female patients: Is there any chance you could be pregnant? No ☐ Yes ☐

Please use the diagram to the right to show where you think your problem is or where you have pain:



Comments: ________________________________

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Office Use

Tech _______ Amount of Contrast ___________

Comments:

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