

# Marine Park Radiology, P.C.

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## CAT Scan Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Type of CT Exam(s) to be performed: \_\_\_\_\_

What is the reason your doctor is sending you for this test? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a CAT Scan? YES  NO

If Yes, specify which exam, and when and where it was performed: \_\_\_\_\_

\_\_\_\_\_

To further evaluate your study, Marine Park Radiology needs to conduct a search/review your CT exams performed at external, non-affiliated facilities within the 12 months, do you consent to this? Please detail above the facility where your previous studies were performed. YES  NO

Have you ever had any reaction to iodine? YES  NO

Are you pregnant? YES  NO  Date of last menstrual period: \_\_\_\_\_

Please fully complete the following history chart:

	Yes	No	Not Sure
Heart Disease			
Emphysema			
Asthma			
Bronchitis			
Diabetes			
Loss of Consciousness			
Kidney Problems			
Smoker/Former Smoker			

List any surgery you have undergone: \_\_\_\_\_

\_\_\_\_\_

Allergies? If Yes, list all: \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

