H.O.P.E. Imaging
Loma Linda High Field Open MRI & Diagnostic Center

PATIENT QUESTIONNAIRE

CT CHEST/LUNG EXAM

Please complete the following questions as best as you can.

NAME : _____ DATE : _____

Do you have :	Yes	No
1. Shortness of breath or difficulty breathing ?	☐	☐
2. Have you ever smoked ?	☐	☐
3. Have you had surgery on the chest/lungs ?	☐	☐

What was done ? _____

Date of Surgery ? _____ Where was the Surgery done ?

_____

4. Are you coughing ?	☐	☐

Type of coughing :

Dry _____ Productive _____ Wheezing _____ On/Off Cough _____

5. Any fever ?	☐	☐
6. Have you been diagnosed with cancer ?	☐	☐

What type ? _____

7. Any history of (asthma or) any lung problems ?	☐	☐

What kind ? _____

How often did you have this ? _____