

Sample proformas for Radiographic and Medical Imaging Health Assessments

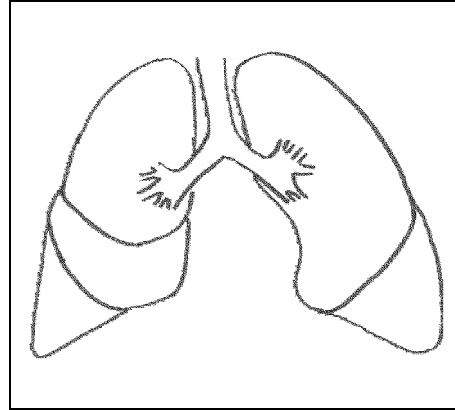
Radiographic Clinical History Template: CHEST/THORACIC CAGE

1. Area and type of symptoms:

– *ROI*
(Please also indicate on lung chart)

– *Symptoms:*

- Cough
- Sputum/discharge
- Chest pain
- Other (comments)
- Bleeding
- Infection/inflammation



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2. Current history:

– *Mechanisms:*

- Trauma Metastatic spread
- Other (comments)

3. Past history:

– *Previous imaging/surgery/treatments:*

- Emphysema Asthma Pneumonia Bronchitis TB
- Chest surgery (year of surgery/comments)
- Other (comments)

4. Special questions: Pregnant YES / NO

5. Psychosocial/occupational history – if applicable:

- Current smoker Coalmines or asbestos worker
- Previous smoker Duration (if applicable)
- Other (comments)

6. General observations:

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Radiographic Clinical History Template: EXTREMITIES

1. Area and type of symptoms:

Date: _____

– *ROI and referred pain:* (please also indicate on body chart)

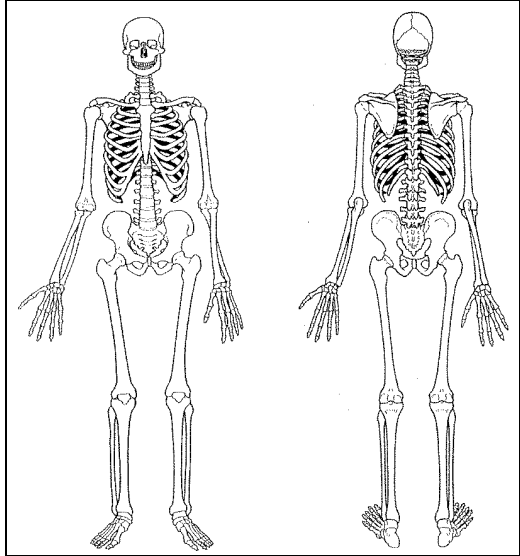
– *Symptoms:*

2. Current history:

– *Mechanisms (comments)*

- | | |
|---|---|
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Metastatic spread |
| <input type="checkbox"/> Infection/inflammation | <input type="checkbox"/> Degenerative (OA/RA) |
| <input type="checkbox"/> Other (comments) | |

– *Behaviour of symptoms & irritability*
 (comments)



3. Past history:

– *Previous imaging/surgery/treatments*

- | | |
|--|-------------------------------|
| <input type="checkbox"/> prosthesis (long / short) | <input type="checkbox"/> pins |
|--|-------------------------------|

- | | |
|--|--|
| <input type="checkbox"/> replacements | <input type="checkbox"/> surgery (year of surgery) |
| <input type="checkbox"/> cancer
(comment) | <input type="checkbox"/> previous injury to ROI |

4. Special questions: Pregnant YES / NO

5. Psychosocial/occupational history – if applicable:

- | | |
|--|--|
| <input type="checkbox"/> Regular activity/exercise/sport | <input type="checkbox"/> Requirements of occupation (repetitive strain, overuse) |
| (comments) | |

6. General observations:

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Radiographic Clinical History Template: SPINE

1. Area and type of symptoms:

Date:

– ROI (please also indicate on body chart):

- cervical
- thoraco-lumbar
- cervico-thoracic
- lumbar
- thoracic
- lumbo-sacral

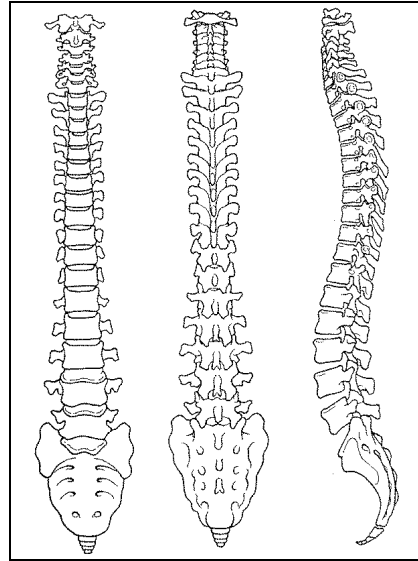
– Symptoms:

- pain on movement
- tingling/pins&needles
- other (comments)
- numbness

2. Current history:

– Mechanisms (comments)

- Trauma
- Metastatic spread
- Degenerative disease
- Congenital malformations/disease



3. Past history:

– Previous imaging/surgery/treatments

- back screws
- surgery (year of surgery)
- previous injury/condition to ROI (comment)
- spinal fusion
- cancer

4. Special questions: Pregnant YES / NO

- Dentures (for c-spine)
- Osteoporotic

5. Psychosocial/occupational history – if applicable:

- regular activity/exercise/sport (comment)
- occupational requirements (repetitive strain, heavy lifting) (comments)

6. General observations:

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