

FOR MEN AND WOMEN

Diagnostic X-rays, fluoroscopic examinations (GI series, barium enema), and scans result in minor amounts of radiation exposure. It is important that we know the number of these tests and when they were done. Write in the number of examinations. During an examination more than one "picture" or view may be taken. Count all the views taken on one day as one examination. Do not include dental X-rays or Panorex X-rays of teeth in the questions below. Do not include MRI's (magnetic resonance imaging) or CAT scans.

How many **CHEST** X-rays have you had in your lifetime? Write the number.

CHEST X-RAY	Age 0-9 Years	Age 10-19 Years	Age 20-29 Years	Age 30-39 Years	Age 40-49 Years	Age 50-59 Years	Age 60-69 Years	Age 70-79 Years	Age 80+ Years

If we need to obtain previous **CHEST** X-rays for comparison:

When was your last chest X-ray? 19__ __

What was the name of the hospital or doctor's office where your chest X-ray was performed?

How many X-rays or fluoroscopic examinations (for example, GI series (gastro-intestinal of stomach and esophagus or barium enema) have you had during your lifetime? Write in the number.

X-RAY OR FLUOROSCOPIC OF:	Age 0-9 Years	Age 10-19 Years	Age 20-29 Years	Age 30-39 Years	Age 40-49 Years	Age 50-59 Years	Age 60-69 Years	Age 70-79 Years	Age 80+ Years
Stomach									
Intestine									
Back									
Arms/Legs									
Head/Neck									
Breast (Mammogram)									

How many scans have you ever had in your lifetime? Write in the number.

SCAN OF:	Age 0-9 Years	Age 10-19 Years	Age 20-29 Years	Age 30-39 Years	Age 40-49 Years	Age 50-59 Years	Age 60-69 Years	Age 70-79 Years	Age 80+ Years
Bone									
Thyroid									
Heart									
Lung									
Kidney									
Brain									
Other: _____									

Have you ever been treated with radium, radiation therapy, or radioactive isotopes for a medical condition? **Some examples:** radioactive isotope for thyroid disease; radium implant for cervical cancer; radiation therapy for any type of cancer, including skin cancer; X-ray therapy for acne or fungal infections of the scalp or other areas.

Yes No

IF YES, for what disease? _____

what part of your body? _____

when? From: _____ 19__ __ to _____ 19__ __
month month

(If there was more than one time period of treatment, please list others on a piece of plain paper.)