

Patient Information Form (PIF) for Neck Symptoms

The following patient information forms are for patients undergoing imaging for neck symptoms.

The “Cervical Spine” worksheet is typically used for patients with neck pain and/or cervical radiculopathy who are undergoing radiography, CT, or MR of the cervical spine.

The “Soft Tissue Neck” worksheet is typically used for patients with a neck mass (or neck pain not felt to be secondary to the cervical spine) who are undergoing radiography, CT, or MR of the soft tissues of the neck.

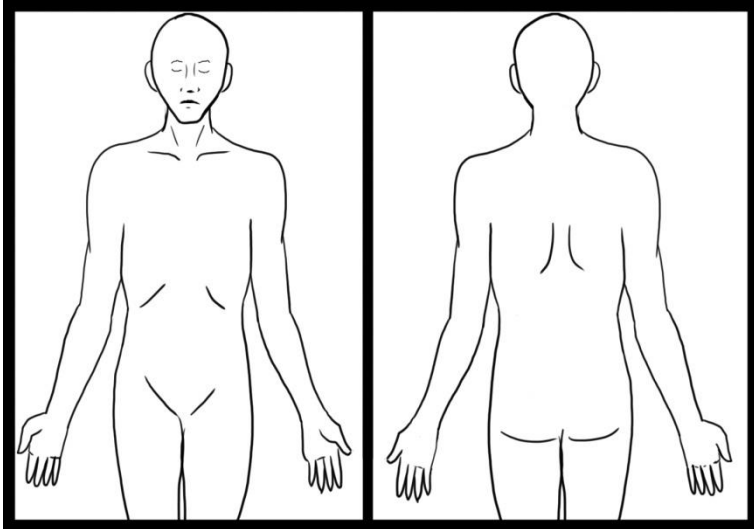
The “Thyroid Ultrasound Worksheet” is filled out by the ultrasound technologist for patients undergoing thyroid ultrasound examination.



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Cervical Spine

Please mark the location of any pain:



How long have you had your symptoms?

Have you had prior surgery done on the cervical spine? If so, please tell us the approximate date(s) and procedure(s), whether the pain was better after the surgery, and if the pain you have now is the same as before your surgery:

If your pain is from an injury, please tell us the date of the injury describe what happened:

Please put a check if you have any of the following:	
<input type="checkbox"/>	Shoulder, arm, or hand weakness.
<input type="checkbox"/>	Shoulder, arm, or hand numbness.
<input type="checkbox"/>	Pain which is worse with motion and relieved by rest.
<input type="checkbox"/>	Arthritis in multiple joints in my body.
<input type="checkbox"/>	Chest or jaw pain.
<input type="checkbox"/>	Change in bowel or bladder habits.

Have you ever been diagnosed with cancer? YES NO
If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

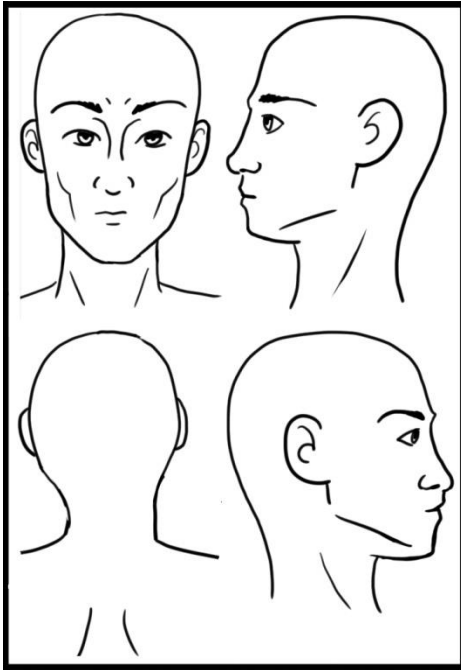
Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Soft Tissue Neck

Please mark the location of any pain:



How long have you had your symptoms?

Have you had prior surgery done on your neck? If so, please tell us the approximate date(s) and procedure(s):

Please check if you have any of the following:

<input type="checkbox"/>	Hoarseness
<input type="checkbox"/>	Food getting stuck in the throat.
<input type="checkbox"/>	Trouble swallowing.
<input type="checkbox"/>	Persistent cough.
<input type="checkbox"/>	Lump or mass in the neck.
<input type="checkbox"/>	Tobacco use – smoking.
<input type="checkbox"/>	Tobacco use – other (chew or dip).

Did something get stuck in your throat when you swallowed? If so, what was it and where does it feel like it's stuck?

If your pain is from an injury, please tell us the date of the injury describe what happened:

Have you ever been diagnosed with cancer? YES NO

If yes, what type? _____

Have you had radiation therapy? YES NO

If yes, where: _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

THYROID ULTRASOUND WORKSHEET

Ordering Physician: _____ Clinical Info: _____

Right Lobe: Size: (L) _____ x (H) _____ x (W) _____ cm H <2 cm normal
H >2.5cm definitely enlarged

Left Lobe: Size: (L) _____ x (H) _____ x (W) _____ cm

Isthmus: Size: _____ mm

Normal Abnormal - Mark findings on diagram:

Nodule/lymph node size/comments

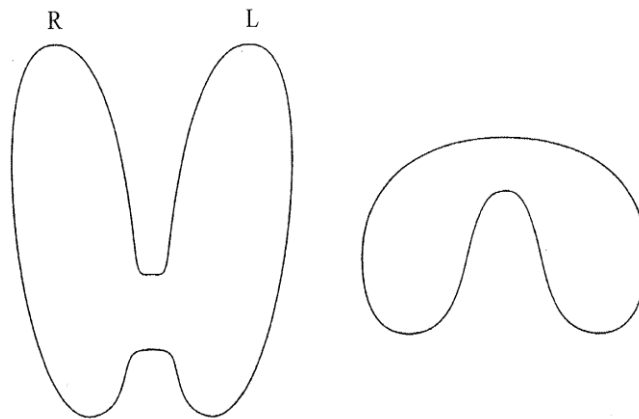
If there is a prior exam showing nodules: list nodules in the same order as on the prior worksheet and record prior nodules measurement in parenthesis after today's measurements

Right

- 1. _____
2. _____
3. _____
4. _____
5. _____

Left

- 1. _____
2. _____
3. _____
4. _____
5. _____



ATA 2015 Guidelines

Table with 3 columns: Ultrasound pattern, FNA criteria (equal or greater than), Follow-up for nodules below FNA criteria. Rows include High suspicion, Intermediate suspicion, Low suspicion, and Very low suspicion.

*Repeat US & FNA within 12 m if high suspicion but negative FNA. Repeat FNA considered if intermediate/low suspicious and 20 % increase in nodule diameter (minimum 2mm in 2 dimensions) or development of suspicious features
"PIF - Neck" available at www.symptombasedradiology.com; Last updated: 9/27/16