RapidSound, Inc / Green Valley Imaging
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Green Valley, AZ 85622
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SOFT TISSUE NECK EVALUATION FORM

Name: _____
Last First Middle

DOB: _____/_____/_____ Date: _____/_____/_____

1. What was your chief complaint when you visited your doctor? _____

_____

2. What do you think caused the problem? _____

3. What does your doctor think is causing your pain? _____

4. Describe your pain (i.e. burning, stabbing, sharp): _____

5. Do you have any tenderness in your neck? _____

6. Have you had surgery on your neck? _____

   When? _____ Facility? _____

7. Do you have any allergies to any medication? _____

8. Do you have a history of cancer? _____

9. Do you have any other medical conditions? _____

10. Describe your general health: _____

_____