

# NASOPHARYNX, SOFT TISSUE NECK EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

1. Have you had a CT scan of the area of interest? \_\_\_\_\_

If yes, when \_\_\_\_\_ What did it show? \_\_\_\_\_

2. What does your doctor say about what he/she thinks may be causing your problem? \_\_\_\_\_

\_\_\_\_\_

3. Describe your symptoms (pain, mass, weight change, etc.) \_\_\_\_\_

\_\_\_\_\_

4. Does anything make the symptoms worse? \_\_\_\_\_

\_\_\_\_\_

Does anything make them better? \_\_\_\_\_

5. Have you had a biopsy or surgery? \_\_\_\_\_ When? \_\_\_\_\_

What was done? \_\_\_\_\_

Results? \_\_\_\_\_

6. Are you taking any medicines? \_\_\_\_\_

What kind? \_\_\_\_\_

\_\_\_\_\_

7. Do you have any other medical conditions?

\_\_\_\_\_

If so, what? \_\_\_\_\_

8. Describe your general health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE THE AREA OF INTEREST,  
THE LOCATION OF ANY MASS  
OR ANY AREA WHICH HURTS.**

Right                  Left                  Left                  Right