



**Bellevue Medical Imaging, PLLC**  
**Bellevue Women's Imaging, PLLC**  
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**MEDICAL HISTORY**

1) Is there any chance you could be pregnant? Y N

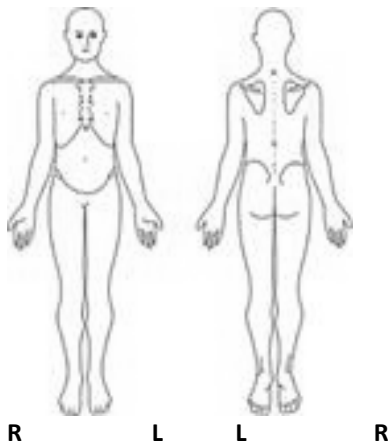
2) Please describe the reason(s) for today's exam. List any symptoms you have. (Please circle area of concern on diagram)

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How long have you been having your symptoms? \_\_\_\_\_



4) Have you had any surgery to the area of your body that will be covered in today's exam?  
 Y N (If yes, please indicate where and when the surgery was performed).

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4) Please list all previous exams performed that have to do with your symptoms.  
 (List all relevant medical history).

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5) Do you have a personal history of cancer? If yes, have you had any treatment?

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6) Do you or have you smoked? Y N If yes, date stopped? \_\_\_\_\_

7) When is your follow-up appointment for this exam (if applicable)? \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name Here Please