

PAIN SHEET

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: _____

