

McLaren Flint
Department of Radiology
General X-Ray Worksheet

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

If abdominal pain, specify location:

- RUQ
- LUQ
- RLQ
- LLQ

If chest pain, it is with shortness of breath?

- Yes
- No

If chest pain or SOB, check all the apply:

- Hypertension
- Diabetes
- Coronary artery disease
- History of heart attack
- Smoking
- History of stroke

Additional history:



PT.

MR.#/P.M.

DR.