

CLINICAL INFORMATION SHEET

CAROTID ULTRASOUND

1. Why are you having this test? _____
2. Do you have pain? _____ Where? _____
3. Do you have dizziness? _____
 - a. Blurry vision? _____
 - b. Temporary episodes of blindness? _____
 - c. Paralysis? _____
 - d. Tingling? _____
 - e. Numbness? _____
 - f. Slurred speech? _____
 - g. High blood pressure? _____
 - h. Diabetes? _____
 - i. Smoking? _____
 - j. Heart disease? _____
 - k. Prior surgery? _____ What? _____
4. Did the Doctor feel a lump in your neck? _____ Where? _____
5. Did you have a previous CAT scan, MRI, sonogram or other test which may help interpret this exam?
What? _____ Where? _____

Other information that you feel may be helpful:
