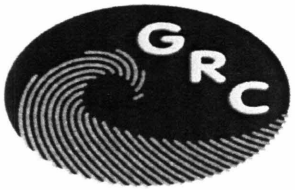

Guam Radiology Consultants

633 Gov. Carlos Camacho Rd., Suite 210
Tamuning, Guam USA 96913
Tel: (671) 649-1001 Fax: (671) 649-1002

Patient Questionnaire

Patient Name: **Today's Date:** _____

_____

Last **First** **MI**

1. Who is the doctor that referred you to this clinic? _____Location: _____

2. Do you have a follow-up appointment with your referring doctor? _____ When: _____

3. Do you plan to see a specialist after this exam? _____Specialist Name: _____

4. Do you have a follow-up appointment with this specialist? _____ When: _____

5. Do you want a copy of your results faxed to this specialist? _____

6. What instructions did your physician give you after this exam is completed:
Explain:

_____

_____

Patient Signature: _____ Date: _____

FOR FEMALE PATIENTS ONLY:

Last Menstrual Period: _____

Is there any possibility that you could be pregnant? _____

FOR RECEPTIONIST USE ONLY

Referring Doctor's:

Name: _____

Contact Number: _____