

# ADVANCED IMAGING CONCEPTS

Please answer to the following questions

Patient Name: \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American \_\_\_\_\_  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Patient Declined

Preferred Language: \_\_\_\_\_

### Smoking Status:

\_\_\_\_\_ Current Every Day Smoker      \_\_\_\_\_ Occasional Smoker  
\_\_\_\_\_ Former Smoker      \_\_\_\_\_ Years Smoked      \_\_\_\_\_ Year Quit  
\_\_\_\_\_ Number of Packs a Day  
\_\_\_\_\_ Never a Smoker      \_\_\_\_\_ Current Status Unknown      \_\_\_\_\_ Unknown if ever Smoked  
\_\_\_\_\_ Refused to answer

### Allergies:

\_\_\_ No Allergies      \_\_\_ No Known Allergies

If any reactions to drugs please write below

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____