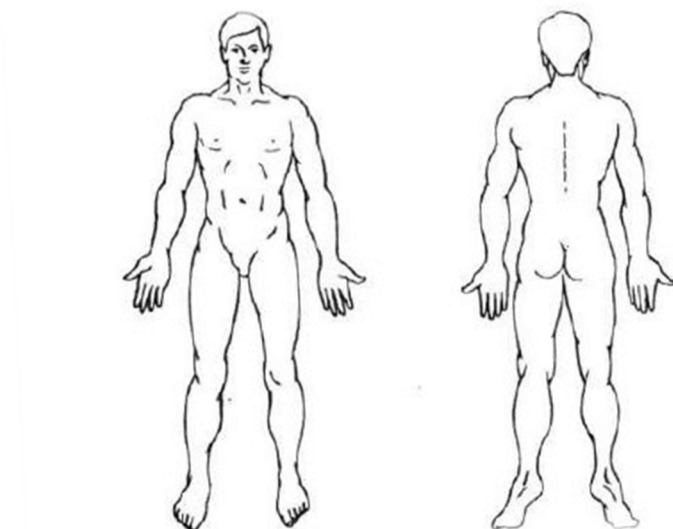


## ULTRASOUND: SOFT TISSUE QUESTIONNAIRE

(Office use)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Please place an "x" or multiple "x's" where the abnormality is located:



2. Is the lesion palpable (can you feel the lesion)? ☐ Yes ☐ No
3. Is it hard or soft? ☐ Hard ☐ Soft
4. Is it fixed or mobile? ☐ Fixed ☐ Mobile
5. Is the skin over the area discolored or abnormal? \_\_\_\_\_
6. Is it painful? ☐ Yes ☐ No
7. When did you first notice it? \_\_\_\_\_
8. Is it growing or is it stable in size? \_\_\_\_\_
9. Do you have history of any of the following?
- ☐ Trauma to the area ☐ Surgery ☐ Cancer ☐ Blood thinners ☐ Diabetes Mellitus
- ☐ Scleroderma ☐ Systemic Lupus ☐ None of the above

## ULTRASOUND: SOFT TISSUE QUESTIONNAIRE

(Office use)

10. Do you have any other similar lesions elsewhere in the body? \_\_\_\_\_

Questionnaire Completed By:

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

The [Patient's Bill of Rights](#) is available for your review.

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### (FOR OFFICE USE ONLY)

Questionnaire Reviewed By:

**Print Name (Full Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM