**NASOPHARYNX, SOFT TISSUE NECK EVALUATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE INIT.</th>
<th>AGE</th>
<th>TODAY'S DATE</th>
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1. Have you had a CT scan of the area of interest? ____________________________
   If yes, when ____________________________ What did it show? ____________________________

2. What does your doctor say about what he/she thinks may be causing your problem? ______

3. Describe your symptoms (pain, mass, weight change, etc.) ____________________________

4. Does anything make the symptoms worse? ____________________________
   Does anything make them better? ____________________________

5. Have you had a biopsy or surgery? ____________ When? ____________________________
   What was done? ____________________________
   Results? ____________________________

6. Are you taking any medicines? ____________________________
   What kind? ____________________________

7. Do you have any other medical conditions? ____________________________
   If so, what? ____________________________

8. Describe your general health: ____________________________

   **PLEASE INDICATE THE AREA OF INTEREST, THE LOCATION OF ANY MASS OR ANY AREA WHICH HURTS.**

   - Right
   - Left
   - Right
   - Left