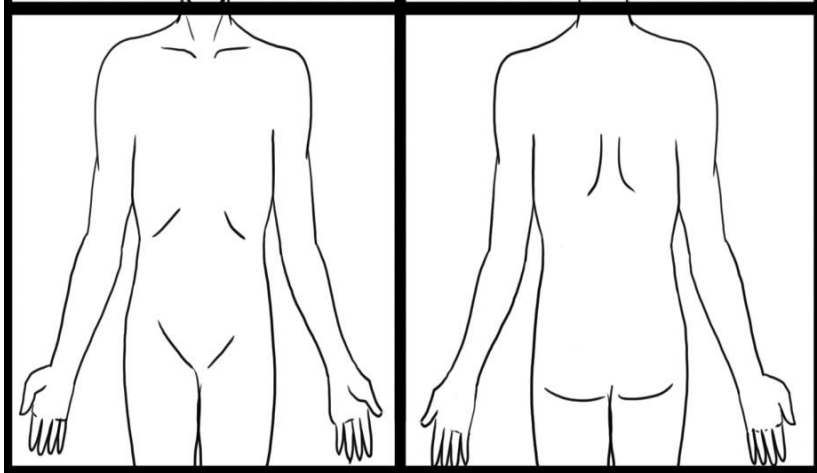


Patient Name: _____ Previous exam: _____
 Date of birth: _____ Patient pregnant: YES NO
 Medical Record #: _____ Patient breastfeeding: YES NO

Abdomen

Please mark the location of any pain:



How long have you had your symptoms?

Have you had prior surgery done on your abdomen? If so, please tell us the approximate date(s) and procedure(s):

Please check if you have any of the following:

<input type="checkbox"/>	Abdominal pain.
<input type="checkbox"/>	Fever and/or chills.
<input type="checkbox"/>	Loss of appetite.
<input type="checkbox"/>	Nausea and vomiting.
<input type="checkbox"/>	Diarrhea.
<input type="checkbox"/>	Large unintentional weight loss.
<input type="checkbox"/>	Large unintentional weight gain.
<input type="checkbox"/>	Blood in my urine.
<input type="checkbox"/>	Blood in my stool.

If your pain was caused by trauma/injury, please describe how you were injured:

Please check any disease that you have had in the past or that you know you have now:

<input type="checkbox"/>	hypertension	<input type="checkbox"/>	congestive heart failure
<input type="checkbox"/>	kidney stones	<input type="checkbox"/>	colon polyps
<input type="checkbox"/>	hiatal hernia	<input type="checkbox"/>	cirrhosis of the liver
<input type="checkbox"/>	pancreatitis	<input type="checkbox"/>	gastroesophageal reflux disease (GERD)
<input type="checkbox"/>	appendicitis with appendectomy	<input type="checkbox"/>	inflammatory bowel disease (including Crohn disease)

Have you ever been diagnosed with cancer? YES NO

If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Was oral contrast given?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details: