

H.O.P.E. Imaging

Loma Linda High Field Open MRI & Diagnostic Center

PATIENT QUESTIONNAIRE

CT ABDOMEN/PELVIS

Please complete the following questions as best as you can

NAME : _____ DATE : _____

Do you have :

Yes

No

1. Pain

Where's the pain ? _____

Describe the pain

Dull Ache

Sharp

Burning

2. Constipation

3. Diarrhea

4. History of kidney/bladder stones ?

5. Any discoloration in your urine/stool ?

6. Pain/burning sensation while urinating ?

7. Any frequency urinating ?

8. Any known liver problems ?

9. Any sudden weight loss ?

10. Any nausea/vomiting ?

11. Have you had surgery on this area ?

What was done ? _____

Date of Surgery ? _____ Where ? _____

12. How long have you had this problem ? _____

13. Any sudden weight loss ?

14. Any nausea/vomiting ?

15. Have you been diagnosed with cancer ?

What type/kind of cancer ? _____