



Delaney Radiologists

# MRI ABDOMEN/PELVIS EVALUATION QUESTIONNAIRE

Date: \_\_\_\_\_

Delaney No. \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Summarize in your own words, the reason for this exam. Please include specific symptoms, complaints or illnesses for which your physician is ordering this study

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How long have you been having these symptoms? \_\_\_\_\_

Have you ever had abdomen/pelvic surgery?  YES  NO

- If yes, what was done? \_\_\_\_\_
- How much do you weigh? \_\_\_\_\_

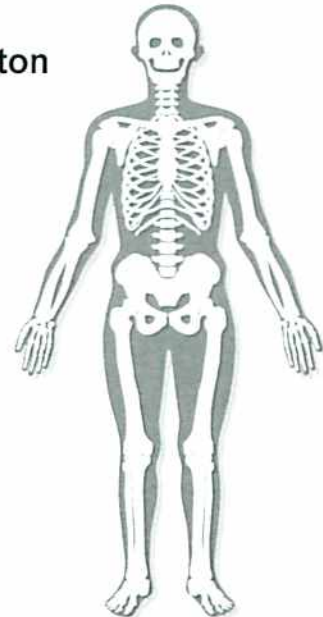
**TO ENSURE PROPER COMMUNICATION WITH OUR DOCTOR AND YOUR INSURANCE COMPANY,  
PLEASE BE AS SPECIFIC AS POSSIBLE WHEN COMPLETING THE FOLLOWING PORTION:**

Have you been having any of the following?

Please indicate area of problem on diagram

- Nausea/Vomiting  YES  NO
- Hepatitis  YES  NO
- Swelling/Mass./Lump  YES  NO
- Diarrea  YES  NO
- Gas/Pain/Bloating  YES  NO
- Irregularity  YES  NO
- Weight Loss  YES  NO
- Rectal Bleeding  YES  NO
- Blood in Urine  YES  NO
- Pain  YES  NO
- Cancer  YES  NO
- Other  YES  NO  
Where? \_\_\_\_\_  
\_\_\_\_\_

### The Axial Skeleton



Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Technologist Signature \_\_\_\_\_ Date \_\_\_\_\_