

PELVIS/LOWER ABDOMEN EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

1. Have you had a pelvic CT or sonogram (ultrasound) before? _____
 If yes, when? _____ What did it show? _____

2. What do you think caused the problem? _____

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

4. Describe your symptoms (pain, mass, weight change, etc.) _____

5. Does anything make the symptoms worse? _____

Does anything make them better? _____

6. Have you had lower abdominal or pelvic surgery? _____

When? _____

What was done? _____

7. Are you taking any medicines? _____

What kind? _____

8. Do you have any other medical conditions? _____

If so, what? _____

9. Describe your general health: _____

