Body/ST Evaluation

Last Name _____ First Name _____ Middle_____

Date _____ Age _____

1. What was your chief complaint when you visited your doctor? _____

2. How long have you had this problem?

3. Have you had any bowel or bladder changes? ☐ Yes ☐ No

4. Have you had surgery to the area being scanned? ☐ Yes ☐ No

5. Surgery when? _____

6. Have you had prior studies on these areas? ☐ Yes ☐ No

7. Prior studies when?

8. Prior studies where? _____

9. List prior study results: _____

10. List any medical conditions we should know about: _____