

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

---

---

---

2. What do you think caused the problem?

---

---

---

3. Describe your pain (burning, sharp, etc.)

---

---

---

4. a. Does anything make it worse?

---

b. Does anything make it better?

---

5. Do you have any weakness? \_\_\_\_\_

Where? \_\_\_\_\_

6. Have you had abdominal or pelvic surgery? \_\_\_\_\_

When? \_\_\_\_\_

What was done?

---

7. Do you have any other medical conditions?

---

---

8. Describe your general health  
\_\_\_\_\_
9. Have you had any previous abdominal/pelvic. . .  
MRI's? \_\_\_\_\_  
Cat Scans? \_\_\_\_\_  
Sonograms? \_\_\_\_\_