

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. Have you had any previous abdominal/pelvic:

MRI's \_\_\_\_\_

When/Where \_\_\_\_\_

Cat Scans \_\_\_\_\_

When/Where \_\_\_\_\_

Ultrasounds \_\_\_\_\_

When/Where \_\_\_\_\_