

PAIN SHEET

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 think may be causing the 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? _____
If so, what? _____

6. Describe your general health:

