SDMI STEINBERG DIAGNOSTIC

# INTAKE QUESTIONNAIRE SINOGRAM/FISTULOGRAM

First Name _____ Last Name _____ DOB/Age _____

Ht. _____ Wt. _____ Allergies _____ PT# (*Internal*) _____

**REASON FOR EXAM** *(Please include symptoms and time frame):*

**TECH NOTES** *(for internal use only)*:

**Additional Tech Notes:**

| Previous Imaging Studies Related to Todays Exam | Date |
|---|---|
| | |
| | |

| Previous Surgeries Related to Todays Exam | Date |
|---|---|
| | |
| | |

**Have you ever had any of the following procedures in the past (if yes, please indicate when):**

**Colorectal surgery** ☐ Yes ☐ No _____

**Hysterectomy** ☐ Yes ☐ No _____

**Bladder surgery** ☐ Yes ☐ No _____

**Prostate surgery** ☐ Yes ☐ No _____

**Abdominal wall surgery** ☐ Yes ☐ No _____

**Gastrointestinal surgery** ☐ Yes ☐ No _____

**Are you currently or have you ever experienced any of the following** *(If it is no longer occuring, please tell us* ***when*** *it happened (****example:*** *August, 2020). If it is still happening, please tell us* ***how long*** *(****Example:*** *2 months)*:

**Sinus Tract/Fistula** ☐ Yes ☐ No **If yes, when or how long?** _____

**Abdominal Wall Drainage** ☐ Yes ☐ No **If yes, when or how long?** _____

**Skin Wound** ☐ Yes ☐ No **If yes, location:** _____ **when or How long?** _____

**Anal/Rectal Discharge** ☐ Yes ☐ No **If yes, when or how long?** _____

**Hernia** ☐ Yes ☐ No **If yes, Location:** _____ **when or how long?** _____

**Cancer** ☐ Yes ☐ No **If yes, please explain:** _____

**Other important medical conditions (please describe):** _____

**Current Medications:**

**I agree that the above information is correct** *(Do not fill out until after technologist has reviewed):*

Patient Signature: _____ Todays Date: _____