SDMI STEINBERG DIAGNOSTIC

INTAKE QUESTIONNAIRE SINOGRAM/FISTULOGRAM

First Name _____ Last Name _____ DOB/Age _____

Allergies/Include reaction(s) _____

Height _____ Weight _____ Patient# (Internal use only) _____

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: _____