

Hackensack Radiology Group / New Century Imaging

BODY EVALUATION

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

_____	_____	_____	_____
Last Name	First Name	Middle	Today's Date
_____	_____	_____	
Age	Height	Weight	

1. Describe what made you go see your doctor: _____

2. How long have you had this problem? _____

3. Have you had any bowel or bladder changes? Yes No
4. Have you had surgery on this area? Yes No
5. If yes, what surgery and when? _____

6. Have you had prior imaging of this area? Yes No
7. If yes, where and when? _____

8. Do you have a personal history of cancer? Yes No Type _____
9. Do you have any other medical conditions? _____
