



## Clinical Information

1. Imaging exams being requested (e.g., CT Abdomen, right, left or bilateral) \_\_\_\_\_
  
2. Patient's diagnosis: Suspected/provisional diagnosis \_\_\_\_\_  
Confirmed diagnosis \_\_\_\_\_
  
3. Patient's symptoms (include duration, frequency and intensity)  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Abnormal physical exam findings (e.g., decreased reflexes, decreased sensation, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Has the patient received treatment for the above symptoms? Include duration and type (e.g., Back pain has been occurring for 6 weeks without relief despite taking NSAIDS for 5 weeks.)  
\_\_\_\_\_  
\_\_\_\_\_
  
6. List any previous relevant testing (labs diagnostic imaging or other test). Include results (e.g., chest x-ray done 6/08 was negative)  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Is this injury related? Yes  No  Date and type of injury: \_\_\_\_\_
  
8. Is this study part of a standard post-chemo/radiation protocol in a patient with a prior cancer diagnosis, if applicable: Yes  No   
Cancer type: \_\_\_\_\_