STRONG HEALTH

Strong Memorial Hospital
Radiologic Consultation
SMH **523**

CT EXAMINATION ABDOMEN, PELVIS, CHEST, EXTREMITY

☐ INPATIENT
☐ OPD
☐ ED

NAME:

MEDICAL RECORD #:

BIRTHDATE:

PCP:

AREA TO BE EXAMINED / TYPE OF EXAMINATION:

SCHEDULED DATE:

FLOOR/CLINIC

WHEELCHAIR ☐
CART ☐

ICD-9 CODES

SEND PHYSICIAN'S PERSONAL COPY TO:
NAME: M.D.
FIRST LAST
ADDRESS
STREET CITY ZIP

PHYSICIAN'S SIGNATURE
ATTENDING
BEEPER
RESIDENT

DIAGNOSIS OR CLINICAL SUSPICION (REQUIRED)
Rule out diagnosis not acceptable

HISTORY / CLINICAL INFORMATION (REQUIRED)

RADIOLOGY PROTOCOL:

Initials ________

RADIOLOGY PRELIMINARY REPORT:

Initials ________

PATIENT POTENTIALLY PREGNANT? ☐ **NO** ☐ **YES IF YES, LMP**

BUN	Creatinine	CAUTIONS/RISKS

CHECK ALL THAT APPLY (REQUIRED): Diagnosis or Clinical Suspicion - Symptoms

ABDOMINAL CT

- ☐ Abdominal pain
- ☐ Abdominal tenderness / rigidity
- ☐ Renal colic
- ☐ Nausea and/or vomiting
- ☐ Abnormal bowel sounds
- ☐ Diarrhea
- ☐ Jaundice
- ☐ Abdominal mass / swelling
- ☐ Ascites
- ☐ Injury to abdomen
- ☐ Injury to pelvis
- ☐ Paralytic ileus
- ☐ Intestinal obstruction
- ☐ Peptic ulcer
- ☐ Pancreatitis
- ☐ Liver disease
- ☐ Cholecystitis
- ☐ Diverticulitis
- ☐ Peritonitis
- ☐ Complications of transplanted organ, liver
- ☐ Postoperative infection
- ☐ Hemorrhage / seroma complicating procedure
- ☐ Abscess intestinal
- ☐ Appendicitis
- ☐ Ulcerative colitis
- ☐ Bowel obstruction
- ☐ Renal calculus
- ☐ Abdominal aortic aneurysm
- ☐ Aortic dissection
- ☐ Multiple myeloma

ABDOMINAL CT continued

- ☐ Benign tumor
  Specify: ____________________
- ☐ Malignant tumor
  Specify: ____________________
- ☐ Lymphoma

EXTREMITY CT

- ☐ Injury/fracture
- ☐ Foreign body
- ☐ Penetrating injury
  Site: ____________________
- ☐ Arthropathy
- ☐ Osteoarthritis
- ☐ Loose body
- ☐ Osteochondritis dissecans
- ☐ Cellulitis / abscess
- ☐ Infective arthritis
- ☐ Muscular calcification
- ☐ Chondromalacia
- ☐ Joint snapping
- ☐ Joint crepitus
- ☐ Hypercalcemia
- ☐ Abnormal finding on x-ray exam
- ☐ Benign tumor
  Specify: ____________________
- ☐ Malignant tumor
  Specify: ____________________

PELVIC CT

- ☐ Abdominal pain / cramps
- ☐ Abdominal tenderness / rigidity
- ☐ Pelvic pain - female organ
- ☐ Abdominal mass / swelling
- ☐ Pelvic mass / swelling
- ☐ Ascites
- ☐ Hematuria
- ☐ Bowel obstruction
- ☐ Injury to abdomen
- ☐ Injury to pelvis
- ☐ Fracture pelvis
- ☐ Cystitis
- ☐ Prostatitis
- ☐ Calculus ureter / bladder
- ☐ Bladder disorder
- ☐ Diverticulitis
- ☐ Pelvic inflammatory disease
- ☐ Fever post-partum
- ☐ Menopausal disorders
- ☐ Post menopausal disorders
- ☐ Uterine leiomyoma
- ☐ Abdominal aortic aneurysm / dissection
- ☐ Benign tumor
  Specify: ____________________
- ☐ Malignant tumor
  Specify: ____________________
- ☐ Lymphoma

CHEST CT

- ☐ Cough
- ☐ Dyspnea
- ☐ Hemoptysis
- ☐ Fever
- ☐ Swelling / lump / mass
- ☐ Enlarged lymph nodes
- ☐ Abscess of lung
- ☐ Pneumonia
- ☐ Pneumothorax
- ☐ Aspiration pneumonitis
- ☐ Emphysema
- ☐ Atelectasis
- ☐ Pulmonary fibrosis
- ☐ Empyema
- ☐ Pleurisy
- ☐ Esophagitis
- ☐ Hernia
- ☐ Pulmonary embolism
- ☐ Coronary atherosclerosis
- ☐ Trauma to chest
- ☐ Fractured ribs
- ☐ Rib/ chest wall disease
- ☐ Disruption of operation wound
- ☐ Aortic aneurysm
- ☐ Aortic dissection
- ☐ Esophageal carcinoma
- ☐ Lung carcinoma
- ☐ Mesothelioma
- ☐ Malignant tumor
  Specify: ____________________
- ☐ Lymphoma

Report or Film Requests: (585) 275-5368

CT Exam Scheduling: (585) 275-5188

**Mailing Address: Strong Memorial Hospital
Department of Radiology, Box 648
Rochester, NY 14642-8648**

12/00