



LIVER / MRCP / PANCREAS QUESTIONNAIRE

RADIOLOGY

NAME: _____ AGE: _____ SEX: M F

DIAGNOSIS (Why are you having this study?): _____

PLEASE CHECK EACH BOX THAT APPLIES TO YOU (AND ANSWER QUESTIONS):

- Abdominal pain
- Weight loss (how much?) _____
- Jaundice (yellowing of skin/eyes)
- High alcohol intake in the past
- High alcohol intake currently: _____
- History of cancer (what type?) _____
- Liver tumor or mass (what type?) _____
- Gallstones
- Gallbladder removed
- Bile duct stones
- Bile duct infection
- Sclerosing cholangitis
- Inflammatory bowel disease (what type?) _____
- Abnormal liver function tests
- Hepatitis (what type?) _____
- Cirrhosis
- Other liver disease (what type?) _____
- Acute pancreatitis
- Chronic pancreatitis
- Complications of pancreatitis (what type?) _____
- Diabetes
- Pancreas tumor or mass (what type?) _____
- Other medical conditions? _____

PRIOR STUDIES AND INTERVENTION:

- Prior MRI (when?) _____ (where?) _____
- Ultrasound (when?) _____ (where?) _____
- CT (CAT) scan (when?) _____ (where?) _____
- Cholangiogram (ERCP) (when?) _____ (where?) _____
- Biopsy (when?) _____ (results?) _____
- Surgery (type?) _____ (when?) _____
- TIPS procedure
- Stent placement (when?) _____ (where?) _____
- Drainage procedure (when?) _____ (where?) _____
- Other studies and interventions? _____