

ULTRASOUND HISTORY AND SCREENING FORM

Patient Name: _____ Date: _____

Sex: **M** **F** Height: _____ Weight: _____ DOB: _____ Age: _____

Referring Physician: _____ Procedure: _____

Are you pregnant? **YES NO N/A** Last Menstrual Period: _____ Number of Pregnancies: _____

Reason you are here today for an exam:

Explain your medical problem in detail. (What happened? Where did it happen? How long have you had this problem?)

Do you have pain? **YES NO** Where? _____

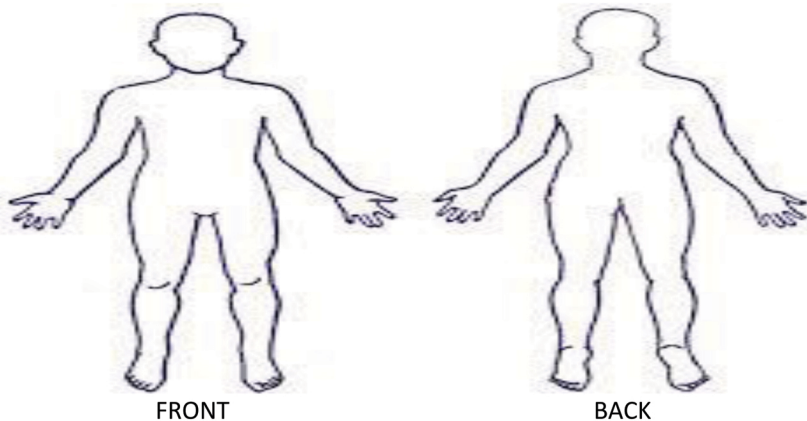
Have you had any surgeries in the area(s) that are being imaged today? **YES NO** Where: _____

Have you taken any medication/sedation/alcohol today to help you relax for this procedure? **YES NO**

If yes, please list: _____ time taken: _____

Have you had a previous exam related to this problem? **YES NO** If yes, explain: _____

Draw on the figure below where your pain or symptoms are located:



Acknowledgement: I have answered these questions to the best of my knowledge and understand the information presented to me. I also give consent to One Step Diagnostic to perform an ultrasound as ordered by my physician. If my physician has ordered a pelvic ultrasound, I understand that this may include a transvaginal ultrasound.

Patient Name: _____

Patient Signature: _____

Date: _____

Technologist Name: _____

Technologist Signature: _____

Date: _____