

ImageCare Saratoga

Please answer the following questions accurately. Your answers will help the Radiologist to obtain the most information from your Pelvic Ultrasound.

Name: _____ Date: _____

Have you had a previous Pelvic Ultrasound? Yes ___ No ___
If yes, where was it done: _____

Have you ever had surgery on you uterus or ovaries: Yes ___ No ___
If yes, explain further below.
Hysterectomy (removal of uterus)? ___ Date of surgery: _____

Removal of ovaries: _____ Date of surgery: _____
Right _____ Left _____ Both _____

Do you have a personal or family history of cancer of the female organs (Breast, uterus, ovaries)?
Yes ___ No ___ If yes, explain further: _____

Have you ever been pregnant? Yes ___ No ___
If yes, number of pregnancies: _____ Number of live births: _____

Present symptoms:

Pelvic pain Yes ___ No ___
Location of pain Rt. ___ Lt. ___ Both ___
Irregular Periods Yes ___ No ___
Spotting Yes ___ No ___
Other Complaints : _____

If you are still menstruating, please answer the following:

Date of last Menstrual Period: _____
Are you currently using Contraception Yes ___ No ___
Birth control pills Yes ___ No ___
IUD Yes ___ No ___

Was a pregnancy test done: Yes ___ No ___
Type of test? Urine ___ Blood ___
Results? Postive ___ Negative ___

Are you on Hormone Replacement Therapy? Yes ___ No ___

Would like a Medical Chaperone for your Pelvic Ultrasound exam?
Yes ___ No ___