

## ImageCare Latham

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 \_\_\_\_\_