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 _____