

HYSTEROSONOGRAPHY QUESTIONNAIRE

Your physician has referred you for a special ultrasound examination of the uterus. Please answer the following questions. Be assured that your answers will be kept confidential.

1. Why are you having this examination? _____
2. Have you ever been pregnant before? Yes No
 Number of live births: _____
 Number of vaginal deliveries: _____
 Number of miscarriages/still births: _____
3. Could you possibly be pregnant at this time? Yes No
4. Counting from the first day of your last menstrual period as day #1, today is day # _____ of your cycle.
5. What day of your cycle do you usually ovulate? _____
6. Have you ever had this type of examination done before? Yes No
 - If yes, list the date and where it was done. _____
 - If yes, did you experience any difficulty during the exam? _____
7. Have you had any other pelvic tests/procedures relating to your diagnosis, i.e., ultrasound, pelvic laparoscopy, D&C, tubal ligation?

DATE	PROCEDURE/EXAM	RESULTS

8. Have you had any pelvic infections? Yes No If yes, give dates: _____
9. Do you have any allergies? Yes No If yes, please list: _____
10. Have you taken any medication in preparation for this exam? Yes No
 If yes, please list: _____

 [Signature of Patient/Parent/Conservator/Guardian]

 [Date]

 [Time] A.M./P.M.

 [Signature of Technologist]

 [Date]

 [Time] A.M./P.M.

HYSTEROSONOGRAPHY PATIENT QUESTIONNAIRE

PS 1620

06/03/08

Original – Chart

Copy – Patient



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