

CARNEGIE IMAGING FOR WOMEN

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NEW ULTRASOUND PATIENT – MEDICAL HISTORY

Name: _____ Appt Date: _____

Referring Doctor's Name: _____

Why did your doctor want you to have an ultrasound exam done today? _____

OBSTETRICAL PATIENTS – PLEASE COMPLETE THE FOLLOWING:

Height: _____ Weight: _____ 1st day of last period: _____ Due Date: _____

How many children have you had? _____ How many miscarriages? _____

Was your current pregnancy achieved via in vitro fertilization? Yes No

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT MAY APPLY TO YOU:

- Age greater than 35 at the time of current anticipated delivery
- Vaginal bleeding or spotting (this pregnancy)
- Have you ever been pregnant with a child that had a birth defect or chromosomal abnormalities? If yes, please explain _____
- Diabetes: ___ Pre-pregnancy ___ Gestational (this pregnancy)
Do you take medication or insulin to treat your diabetes? Yes No
- Hypertension (High Blood Pressure) ___ Pre-pregnancy ___ Gestational (this pregnancy)
- Multiple gestation (this pregnancy) ___ Twins ___ Triplets ___ Quads
- Prior preterm births. If yes, gestational age at delivery: _____
- Prior pregnancy losses. # 1st trimester losses: _____ # 2nd trimester losses: _____
- Heart Disease Lupus Clotting Disorder/Thrombophilia

GYNECOLOGIC PATIENTS – PLEASE COMPLETE THE FOLLOWING:

What was the first day of your last period? _____

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT MAY APPLY TO YOU:

- Irregular vaginal bleeding Infertility Ovarian cyst(s) Fibroids
- Pelvic pain Prior pregnancy losses

(v.03.2011)