



OUTPATIENT DIAGNOSTIC CENTER
HUNTERS ROW

Ultrasound History & Screening Form

DATE: _____

PATIENT: _____

SEX: M F

WEIGHT: _____ **HEIGHT:** _____ **DOB:** ____/____/____ **AGE:** _____

FEMALE PATIENTS/First day of Last Menstrual cycle: _____

Explain in detail your medical problem that is the reason for your sonogram today. (Where is the problem? How long have you had this problem?)

Have you had a previous exam related to this problem? YES NO

If Yes, where was the exam performed? _____

List any other medical problems:

List all previous surgeries:

List all allergies:

Tech Notes:

I have answered these questions to the best of my knowledge and understand the information presented to me.

PATIENT/PARENT/LEGAL GUARDIAN SIGNATURE

DATE

TECHNOLOGIST/WITNESS SIGNATURE

DATE