



Pelvic Ultrasound Questionnaire

Patient's Name: _____ DOB: ____/____/____

Date of Last Menstrual Cycle: _____

Are you having abnormal bleeding/discharge: Yes No

Do you currently have a fever: Yes No

Are you having Pelvic Pain: Yes No If so, for how long: _____

Have you ever been diagnosed with Cancer: Yes No If so, what type: _____

Have you had a recent Pregnancy Test: Yes No If so, Results: Negative Positive

Have you ever had a C-Section: Yes No

Please describe your symptoms in detail: _____

Total Number of Completed Pregnancies: _____

Number of Miscarriages/Abortions (if any): _____

Has your Uterus been removed: Yes No

If so, when: _____ Why: _____

Have your Ovaries been removed: Yes No

If so, when: _____ Why: _____

Have you had any other Pelvic Surgeries: Yes No

If so, what kind: _____ Why: _____

Do you or have you taken any hormones, including Contraceptives: Yes No

If so, what kind: _____

Have you had Pelvic Ultrasound before: Yes No

If so, when: _____ Where: _____

Pelvic Ultrasound routinely requires a Transvaginal examination. Transvaginal Exams consist of the insertion of a transducer into the vagina which allows very close and clear images for better results. The examination is performed by sonographers who are health professionals and accredited to perform the exam. If you have further questions or have NEVER been sexually active, please inform the Receptionist.