

Pelvic Ultrasound Questionnaire

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a Pelvic ultrasound? YES NO

If so, Where was it performed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was it performed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First day of your last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any possibility of pregnancy? YES NO

Are you using any type of birth control?  YES NO

Have you ever been pregnant? YES NO

If so, number of pregnancies : \_\_\_\_\_\_\_

Have any of the following been diagnosed with ***breast, ovarian, cervical or uterine cancer***?  YES  NO

**If so who,  Self  Mother  Sister  Daughter**

Have you ever had any pelvic surgery? (ie. hysterectomy, ovaries removed)  YES NO

if so, what was done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently taking any hormones ? YES NO

In your own words why are you having this exam today?

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Thank You!