

ULTRASOUND QUESTIONNAIRE

NAME: _____ DOB: _____ DATE: _____

Problems/complaints for today's visit? _____ Duration of symptoms? _____

Prior radiology studies related to area of concern? YES NO **US MRI CT XRAY PET OTHER**

Date/Location: _____

Are your symptoms related to an accident/injury? YES NO

Type of accident/injury _____ Date of accident/injury _____

Prior surgeries in area of concern? YES NO

Type of surgery _____ Date of surgery _____

Any diagnosis of cancer or disease, for **YOURSELF**? YES NO

Type _____ Date of Diagnosis? _____ Currently being treated? YES NO

Recent blood work performed (within last 6 months)? YES NO Results? Normal Abnormal _____

CIRCLE SYMPTOMS IN THE BOX BELOW FOR YOUR SPECIFIC EXAM TODAY

ABDOMEN/AORTA

NO SYMPTOMS SCREENING PAIN NAUSEA VOMITING DIARRHEA CONSTIPATION BLOATING
LUMP/MASS DIABETES HYPERTENSION SMOKER (current/former) ELEVATED CHOLESTEROL

RENAL/BLADDER

NO SYMPTOMS PAIN BLOOD IN URINE FREQUENT URINATION INCONTINENCE URGENCY DIABETES HYPERTENSION
UTI'S HX KIDNEY STONES PROTEIN IN URINE DECREASE KIDNEY FUNCTION

PELVIC/OBSTETRICS

LAST NORMAL PERIOD _____ # OF PREGNANCIES _____ # OF LIVE BIRTHS _____
BIRTH CONTROL ESSURE IUD TYPE? _____ HORMONE THERAPY _____
NO SYMPTOMS PAIN BLOATING CRAMPING HEAVY PERIODS SPOTTING DISCHARGE IRREGULAR BLEEDING

THYROID/SOFT TISSUE NECK

NO SYMPTOMS PAIN SWELLING DIFFICULTY SWALLOWING ENLARGED GLAND LUMP/MASS HOARSENESS
THYROID MEDICATION HYPERTHYROIDISM HYPOTHYROIDISM GRAVE'S DISEASE HX RADIOACTIVE IODINE

TESTES/SCROTAL

NO SYMPTOMS PAIN SWELLING PALPABLE LUMP ANTIBIOTICS VASECTOMY HX HERNIA

EXTREMITIES Right Arm Right Leg Left arm Right leg

NO SYMPTOMS LUMP/MASS PAIN SWELLING REDNESS NUMBNESS TINGLING WEAKNESS ELEVATED CHOLESTEROL
DIABETES HYPERTENSION HEART DISEASE SMOKER SHORT OF BREATH HX OF BLOOD CLOT BLOOD THINNING MEDICATION

CAROTID

NO SYMPTOMS SCREENING PAIN HYPERTENTION DIABETES HEADACHES NUMBNESS TINGLING MEMORY LOSS STROKE
SPEECH PROBLEMS DIZZINESS FAINTING HEART DISEASE SMOKER (current/former) VISION CHANGES ELEVATED CHOLESTEROL

I attest that the above information is correct to the best of my knowledge.

Signature: _____

Staff only: Additional information: _____

Reviewed by: _____