EISENHOWER
IMAGING CENTER

Pelvic / OB Ultrasound

Guest Name: _____ Date: _____

Medical Record Number: _____ LMP: _____

Gravida _____ Para _____

Previous Pelvic Imaging ☐ Yes ☐ No

Previous OB Ultrasounds ☐ Yes ☐ No

If yes, what type: _____

_____

Previous Pelvic Surgeries ☐ Yes ☐ No

If yes, what type: _____

_____

Hormone replacement therapy ☐ Yes ☐ No

Any history of cancer: ☐ Yes ☐ No

If yes, what type: _____

_____

Current Symptoms: _____

_____

_____

_____

Check all that apply:

☐ History of Endometriosis

☐ History of PID (Pelvic Inflammatory Disease)

☐ Currently using birth control pills

☐ Currently taking Depo-Provera shots for birth control

☐ Positive Pregnancy Test (Serum)

☐ Positive Pregnancy Test (Urine)

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