



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?

Thank You!