

Name: _____ Date: ____/____/____

Date of Birth: ____/____/____ Height: _____ Weight: _____

Abdominal Ultrasound Patients

When was the last time you ate? _____

Kidney/Bladder Ultrasound Patients

Is your bladder full? () Yes () No

1. Are you currently taking any medication? () Yes () No
If yes, what type of medication: _____

2. Do you have any allergies? If yes, please explain: _____
3. Have you ever had cancer? If yes, what type: _____ When: _____
4. Do you have any kidney stones or gall stones? () Yes () No
5. Do you have a family history of kidney or gall stones? () Yes () No
6. Are you having any abdominal pain? () Yes () No
If yes, for how long have you had this pain? _____
Where is the pain located? _____
7. Do you smoke? () Yes () No If yes, how many packs a day? _____
8. Do you consume alcohol? () Yes () No
9. Have you had previous surgery on your abdomen or kidneys? () Yes () No
If yes, describe surgery: _____ When: _____
10. Are you diabetic? _____ If yes, do you take insulin? () Yes () No
11. Have you had an ultrasound done before? () Yes () No
Type of imaging study: _____ When: _____ Where: _____
12. Is there anything you need to disclose to the sonographer before the procedure? _____

Patient Signature: _____ Date: ____/____/____