SDMI STEINBERG DIAGNOSTIC

INTAKE QUESTIONNAIRE HYSTEROSALPINGOGRAM

First Name _____ Last Name _____ DOB/Age _____

Allergies/Include reaction(s) _____

Height _____ Weight _____ Patient# (Internal use only) _____

REASON FOR EXAM *(Please include symptoms and time frame):*

TECH NOTES *(for internal use only)*:

Previous Imaging Studies Related to Todays Exam	Date

Previous Surgeries Related to Todays Exam	Date

What was the first day of your last menstrual period? _____

Total Pregnancies: _____ **Remarks:** _____

Number of Living Births: _____ **Remarks:** _____

Number of Miscarriages: _____ **Remarks:** _____

Number of Abortions: _____ **Remarks:** _____

Have you had any Tubal Pregnancies? ☐ **Yes** ☐ **No** **If yes, how many?** _____

Have you ever had a Hysteroscopy? ☐ **Yes** ☐ **No** **If yes, when?** _____

History of Uterine Polyps? ☐ **Yes** ☐ **No**

History of Uterine Fibroids? ☐ **Yes** ☐ **No**

Between 7th and 10th day of Menstrual Cycle

Current Medications: _____

_____

Did you bring a driver with you? ☐ **Yes** ☐ **No**

Patient Signature: _____ **Date:** _____

Technologist Signature: _____ **Date / Time:** _____