

# Marine Park Radiology, P.C.

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## Sonogram Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Have you had a previous Sonogram?  YES  NO

If so, date of most recent: \_\_\_/\_\_\_/\_\_\_ Where was it performed? \_\_\_\_\_

Have you had a recent CAT scan or recent X-rays performed?  YES  NO

If so, please specify: \_\_\_\_\_

Why were you referred for a sonogram? (Symptoms) \_\_\_\_\_

\_\_\_\_\_

List any surgery you have undergone: \_\_\_\_\_

List any allergies that you have: \_\_\_\_\_

Please list any medications that you are currently taking: \_\_\_\_\_

\_\_\_\_\_

### FEMALE PATIENTS: This section to be completed by women only (then sign at bottom of page)

Do you still have menstrual periods?  YES  NO Are you pregnant?  YES  NO

Date of last menstrual period: \_\_\_\_\_

Do you have any family history of ovarian cancer?  YES  NO

If yes, state relationship: \_\_\_\_\_

Are you on hormone replacements? (Oral contraceptives; estrogen or progesterone)  YES  NO

Are you taking Tamoxifen?  YES  NO

### MALE PATIENTS: This section to be completed by men only (then sign at the bottom of the page)

Have you ever had any prostate or bladder surgery? \_\_\_\_\_

If yes; when are where? \_\_\_\_\_

Patient Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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## Sonogram Questionnaire - continued

Patient Name: \_\_\_\_\_

Technologist Comments: \_\_\_\_\_  
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Date: \_\_\_\_\_ Signature \_\_\_\_\_