



## HYSTEROSALPINGOGRAPHY/HYSTEROSONOGRAPHY QUESTIONNAIRE

Your physician has referred you for a special examination of the uterus and/or fallopian tubes. Please answer the following questions. Be assured that your answers will be kept confidential.

1. Why are you having this examination? \_\_\_\_\_
2. Have you ever been pregnant before? ☐ Yes ☐ No  
Number of live births: \_\_\_\_\_  
Number of vaginal deliveries: \_\_\_\_\_  
Number of miscarriages/still births: \_\_\_\_\_
3. Could you possibly be pregnant at this time? ☐ Yes ☐ No
4. Counting from the first day of your last menstrual period as day #1, today is day # \_\_\_\_\_ of your cycle.
5. What day of your cycle do you usually ovulate? \_\_\_\_\_
6. Have you ever had this type of examination done before? ☐ Yes ☐ No  
- If yes, list the date and where it was done. \_\_\_\_\_  
- If yes, did you experience any difficulty during the exam? \_\_\_\_\_
7. Have you had any other pelvic tests/procedures relating to your diagnosis, i.e., ultrasound, pelvic laparoscopy, D&C, tubal ligation?

DATE	PROCEDURE/EXAM	RESULTS

8. Have you had any pelvic infections? ☐ Yes ☐ No If yes, give dates: \_\_\_\_\_
9. Do you have any allergies? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_
10. Have you taken any medication in preparation for this exam? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
[Signature of Patient/Legal Representative]      [Date]      [Time] A.M./P.M.

\_\_\_\_\_  
[Signature of Technologist]      [Date]      [Time] A.M./P.M.

PS 4230      **PATIENT HEALTH HISTORY**      Rev 08/05/23

Original – Chart

Copy – Patient



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