



# Guam Radiology Consultants

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**\*\*\*FULL BLADDER IS REQUIRED FOR THIS EXAM. PLEASE DRINK 32 oz. OF CLEAR FLUID\*\*\*\***

Please answer the following questions. If you do not understand a question or are unsure as to how you should answer a question, leave it blank and ask the Ultrasound Technologist for clarification.

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Last

First

M.I.

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.

Date of when your last menstrual cycle began: \_\_\_\_\_ Are you menstruating now: YES NO

Name of referring physician: \_\_\_\_\_ (Location) \_\_\_\_\_

Name of primary physician: \_\_\_\_\_ (Location) \_\_\_\_\_

## 1. Reason for Pelvic Ultrasound referral:

Abnormal vaginal bleeding – please explain: \_\_\_\_\_

Mass (or possible mass)  Possible ectopic (tubal) pregnancy

Pain:  Both Sides  Left Side only  Right Side only

Follow-up  I Don't Know  Others: \_\_\_\_\_

2. Are you pregnant?  Yes  No  I don't know

My physician administered a pregnancy test:  No  Yes date: \_\_\_\_\_  Pos  Neg

3. Have you stopped having menstrual periods?  Yes  No

If YES:

A. Have you had a hysterectomy (uterus removed)?  Yes  No

B. Have you been through menopause?  Yes  No

C. Are you taking hormone pills?  Yes  No

4. Are you using an intrauterine device (IUD)  Yes  No  I don't know

5. Have you had any pelvic surgery?  Yes  No  I don't know

If Yes:

My uterus was removed:  Yes  No  I don't know

My  right  left ovary was removed  I don't know

6. Have you been treated for cancer of the uterus or ovaries?  Yes  No  I don't know

7. Are you taking Tamoxifen?  Yes  No  I don't know

8. Are you scheduled for a follow-up appointment with your referring physician?

No  Yes  When: \_\_\_\_\_