



ULTRASOUND INFORMATION SHEET

PATIENT NAME: _____ DATE: _____

AGE: _____ SEX: M F

PRESENT COMPLAINT: _____

PREVIOUS ULTRASOUND? Yes No

If yes, where? _____ when? _____

Results: _____

PREVIOUS RELATED X-RAY? Yes No

If yes, where? _____ When: _____

Please list any previous surgeries: _____

CURRENT MEDICAL CONDITIONS:

Heart Disease _____ Hypertension _____ Kidney Disease _____ Diabetes _____

Other _____

Sonographer's Comments: _____

