

Ultrasound History & Screening Form

Date: ____/____/____ Patient: _____ Sex: M F

Age: _____ DOB ____/____/____ Weight: _____ Height: _____

*****Female Patients Only*****

First day of Last Menstrual Cycle: _____

How many times have you been pregnant? _____

How many children have you delivered? _____

Explain in detail your medical problem that is the reason for your sonogram today.
(Where is the problem? How long have you had this problem?)

Have you had previous imaging related to this problem? Yes: _____ No: _____

If Yes, where was the exam performed? _____

List any other medical problems: _____

List all previous surgeries: _____

List all allergies: _____

Technologist Notes: _____

I have answered these questions to the best of my knowledge and understand the information presented to me.

_____ Date: _____

Patient/Parent/ Legal Guardian Signature

_____ Date: _____

Technologist/Witness Signature

Envision Imaging NFW
4232 Heritage Trace Parkway
Keller, TX 76248
817-741-0008

Informed Consent for Ultrasound / Sonogram

Patient Name: _____ DOB: _____

Your physician has requested that we perform an ultrasound/sonogram (US) to obtain additional information. This is a diagnostic test that uses sound waves and a computer to produce images of internal body parts.

The benefit of this exam is to assist your physician with making a diagnosis. There may be other imaging alternatives, however, your physician believes that a sonogram to be the best diagnostic test for you after evaluating your symptoms and medical condition at this time.

By my signature below, I hereby certify that I have fully read this consent, had it explained to me or have had it read to. I have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used, and the risks and hazards involved. I understand its contents and have sufficient information to give this informed consent.

_____ Date: _____ Time: _____
Patient/ Parent/ Legal Guardian Signature

_____ Date: _____ Time: _____
Witness Signature