Barnet Medical Plaza
680 Broadway, Suite 111 Paterson N.J. 07514
P: 973.977.6662 F: 973.341.1128
Towne Centre
3 Walter E. Foran Blvd., Suite 312 Flemington N.J. 08822
P: 908.284.2300 F: 908.442.7432

Patient History Form for General Ultrasound

Patient Name _____ PID# _____

DOB _____ Age _____ Sex _____ Date _____

Date of last period _____ Taking any Hormones or Birth Control? ☐ Yes ☐ No

Is there a possibility of pregnancy? ☐ Yes ☐ No Number of Live births _____

Patient Complaint: _____

Currently diagnosed with any type of Cancer? ☐ Yes ☐ No

If yes, which type? _____

Family History of Cancer? ☐ Yes ☐ No Type: _____

Had any type of surgery? Which one? _____

Prior Ultrasound/MRI/CT scan)? Where? _____When? _____

Did your doctor feel a lump or mass? ☐ Yes ☐ No
Specify: _____

Do you have a pacemaker? ☐ Yes ☐ No Do you smoke? How much/long? _____

Check all that apply:

- ☐ History Abnormal PapSmear
- ☐ Bloating
- ☐ Ovarian Cyst
- ☐ Vomiting
- ☐ Constipation
- ☐ Jaundice
- ☐ Heartburn
- ☐ Heart Attack
- ☐ Paralysis
- ☐ Irregular Bleeding
- ☐ Heavy/Painful/Abn. menses
- ☐ Endometriosis
- ☐ Diarrhea
- ☐ Blood in Urine
- ☐ Rectal Bleeding
- ☐ Vaginal Discharge
- ☐ Stroke
- ☐ Varicose veins
- ☐ Pelvic pain
- ☐ Painful Intercourse
- ☐ Urinary Frequency
- ☐ Weight Loss/Gain
- ☐ Kidney Stones
- ☐ Gas
- ☐ Blood clot disorder
- ☐ Bowel disease
- ☐ Pulmonary Embolism

Patient Signature: _____