



## HYSTEOSALPINGOGRAPHY/HYSTEOSONOGRAPHY 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.

- Why are you having this examination? \_\_\_\_\_
- Have you ever been pregnant before?  Yes  No  
 Number of live births: \_\_\_\_\_  
 Number of vaginal deliveries: \_\_\_\_\_  
 Number of C-Sections: \_\_\_\_\_  
 Number of miscarriages/still births: \_\_\_\_\_
- Could you possibly be pregnant at this time?  Yes  No
- Counting from the first day of your last menstrual period as day #1, today is day # \_\_\_\_\_ of your cycle.
- What day of your cycle do you usually ovulate? \_\_\_\_\_
- 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? \_\_\_\_\_
- 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

- Have you had any pelvic infections?  Yes  No If yes, give dates: \_\_\_\_\_
- Do you have any allergies?  Yes  No If yes, please list: \_\_\_\_\_
- 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.

