



ABDOMINAL/RENAL ULTRASOUND QUESTIONNAIRE

Please help us make an accurate diagnosis by answering the following questions:

ABDOMINAL ULTRASOUND PATIENTS:

Yes No Have you had anything to eat or drink in the past 6 - 8 hours?

Why did your doctor order this exam? _____

Yes No Do you have any allergies? If yes, please explain: _____

Yes No Do you have a follow up appointment for today's exam? If yes, when: _____

Yes No Have you had past imaging studies of the area of your body we are scanning today?
Type of imaging study: _____ When: _____ Name of facility: _____
Type of imaging study: _____ When: _____ Name of facility: _____

Yes No Have you had any surgery on your abdomen or kidneys?
If yes, describe surgery: _____ When: _____
If yes, describe surgery: _____ When: _____

Yes No Have you ever had cancer? If yes, what type: _____ When: _____

Yes No Do you currently have pain? Where: _____

Yes No Do you smoke, or have a history of smoking? If yes, number of packs/day: _____

Yes No Do you have diabetes? If yes, do you take insulin? Yes No

Do you have a history of any of the following:

Yes No Liver disease If yes, describe: _____

Yes No Gallbladder disease If yes, describe: _____

Yes No Disease of the pancreas If yes, describe: _____

Yes No Kidney disease If yes, describe: _____

Yes No Bladder problems If yes, describe: _____

Yes No Do you have hematuria (blood in your urine)? If yes: Gross (visible) Microscopic (not visible)

Yes No Abdominal aortic aneurysm (AAA)

Yes No High blood pressure

Yes No Have you ever been diagnosed with Hepatitis? If yes, what type: _____

Yes No Do you drink alcohol? If yes, how much and how often? _____

Other medical history we should know about? _____

Signature of patient: _____ Date: _____

Name of person filling out this form, if other than the patient (please print): _____

Relationship to patient (please print): _____

Technologist Initials: _____

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