



**OBSTETRICAL ULTRASOUND
CLINICAL QUESTIONNAIRE**

Name: _____ Date: _____

Allergies: _____

1. Why has your doctor sent you for this test? Did he/she give you a specific diagnosis?

2. Please describe what specific complaints/symptoms have been most bothersome to you?

3. How long have you had these complaints/symptoms? _____

4. Did these complaints/symptoms come on suddenly or gradually? _____

5. These complaints/symptoms have:

_____improved _____remained the same _____worsened

6. Have you had any prior OB US?

Ultrasound Date: _____ Place: _____

Date: _____ Place: _____

Date: _____ Place: _____

7. What were the results of these tests? _____
