



Obstetrical Patient Questionnaire

Name: _____ Date of Birth _____ Weight _____ Height _____

Clinical History: (please explain why you are having this ultrasound today) _____

Have you had a previous ultrasound with the current pregnancy? Yes No

If yes, where and when were the exams performed? _____

Please answer the following questions:

When was the first day of your last menstrual cycle? _____

How many times have you been pregnant? _____

How many live babies have you delivered? _____

Have you been told by your physician what your expected due date is? Yes No

If yes, what is the expected due date? _____

Ultrasound Policies to be followed by all patients and families:

During the diagnostic portion of your exam only the patient may be in the room with the sonographer. This is very important and allows us to concentrate solely on the mother and baby. When that portion of the exam is complete the family will be allowed in the room. Children must be kept under control at all times. The family will leave with a few pictures of the baby for the families keeping.

When you enter the exam room all cell phones must be turned off and no videography is allowed. Please let us know if you have any questions.

Patients Signature:

Date: