DIAGNOSTIC HYSSTEROSALPINGOGRAPHY QUESTIONNAIRE

Your physician has referred you for a special x-ray examination of the uterus and Fallopian tubes. Please answer the following questions. Be assured that your answers will be kept confidential.

1. Why are you having this examination? ________________________________________________________

2. Have you ever been pregnant before?   ☐ Yes   ☐ No
   Number of live births: _______
   Number of vaginal deliveries: _______
   Number of miscarriages/still births: _______

3. Could you possibly be pregnant at this time?   ☐ Yes   ☐ No

4. Counting from the first day of your last menstrual period as day #1, today is day # _______ of your cycle.

5. What day of your cycle do you usually ovulate? _______

6. 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? _______________________________________

7. Have you had any other pelvic tests/procedures relating to your diagnosis, i.e., ultrasound, pelvic laparoscopy, D&C, tubal ligation?

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<thead>
<tr>
<th>DATE</th>
<th>PROCEDURE/EXAM</th>
<th>RESULTS</th>
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8. Have you had any pelvic infections?   ☐ Yes   ☐ No   If yes, give dates: _______________________

9. Do you have any allergies?   ☐ Yes   ☐ No   If yes, please list: ___________________________

10. Have you taken any medication in preparation for this exam?   ☐ Yes   ☐ No
    If yes, please list: __________________________________________________________________________

    ___________________________________________________________________________________________

    ______________________________  ________________  A.M./P.M.  
    [Signature of Patient/Parent/Conservator/Guardian]  [Date]  [Time]

    ______________________________  ________________  A.M./P.M.  
    [Signature of Technologist]  [Date]  [Time]