

## DIAGNOSTIC HYSTEROSALPINGOGRAPHY 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?

DATE	PROCEDURE/EXAM	RESULTS

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: \_\_\_\_\_  
     \_\_\_\_\_

\_\_\_\_\_  
 [Signature of Patient/Parent/Conservator/Guardian]

\_\_\_\_\_  
 [Date]

\_\_\_\_\_  
 [Time]      A.M./P.M.

\_\_\_\_\_  
 [Signature of Technologist]

\_\_\_\_\_  
 [Date]

\_\_\_\_\_  
 [Time]      A.M./P.M.

### DIAGNOSTIC HYSTEROSALPINGOGRAPHY PATIENT QUESTIONNAIRE

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Original – Chart

Copy – Patient