CENTRAL OREGON RADIOLOGY ASSOC., P.C.
CASCADE MEDICAL IMAGING, LLC
ABDOMEN ULTRASOUND HISTORY and WORKSHEET

Name: ______________________________ **Today's Date:** ___/___/___

Last First MI

Date of Birth: ___/___/___ ☐ **Male** ☐ **Female** **Referring Physician:** ______________

Briefly describe the problem(s) you are experiencing that made you see your doctor: ______________

Have you had any surgery on your abdomen?	☐ Yes	☐ No
Type(s) of abdominal surgery:		
Have you had any recent blood work performed that had an abnormal result?	☐ Yes	☐ No
Abnormal blood work:		
Do you have a personal history of cancer in any part of your body?	☐ Yes	☐ No
What part of your body and when was the diagnosis made?		
Have you had any recent diagnostic exams (e.g., CT, MRI, X-Ray) related to your Current problem/symptoms?	☐ Yes	☐ No
What was the exam(s) and where was it performed?		

PLEASE USE THIS DIAGRAM TO MARK WHERE YOU THINK YOUR PROBLEM IS LOCATED OR WHERE YOU ARE FEELING PAIN > > > > > > > > >

The area below is to be filled out by your Sonographer

ULTRASOUND RESULTS:

	NORMAL	ABNORMAL	
Liver	☐	☐	
GB	☐	☐	
CBD	☐	☐	
Pancreas	☐	☐	
Right Kidney	☐	☐	
Left Kidney	☐	☐	
Spleen	☐	☐	
Aorta	☐	☐	
IVC	☐	☐	

COMMENTS: ______________

Sonographer: ______________ **Radiologist:** ______________