



ABDOMINAL ULTRASOUND TEST FORM

NAME: _____ DATE: _____

DOB: _____ AGE: _____

Reason for today's appointment: _____

In order to get the best information from your exam, please answer the following questions accurately:

My next appointment with my doctor is: _____

I have had a prior sonogram / CT / MRI: YES / NO If yes, where and what were the results?

Please list any prior surgeries: _____

My medical history includes (check all that apply):

Abnormal blood work. Explain: _____

Alcohol Intake Occasional Daily Weekly

Aneurysm

Back Pain

Blood in urine

Prior cancer: what type? _____

Diabetes

Gallstones

Heart Disease

Hypertension

Kidney Stones

Urinary Tract Infections