



HOUSTON DIAGNOSTICS
AND PET/CT CENTER
1220 Blalock, Suite 100, Houston, Texas 77055

Name: _____ MR#: _____ Date: _____
Physician: _____ DOB: _____ LMP: _____

Ultrasound Patient History Form

Height: _____ Weight: _____

Chief Complaint: _____

Next appointment with your referring physician: Date _____ Time _____

Are you experiencing pain or other symptoms? Yes ___ No ___

If yes, please describe: _____

Do you have any other tests or procedures performed for the same symptom(s)? Yes ___ No ___

If yes, please list exam(s) and where it (they) was (were) done: _____

Do you have any history of cancer? Yes ___ No ___

If yes, please describe which part(s) of the body: _____

Are you allergic to:

Medications Yes ___ No ___ Please list: _____

Iodine Yes ___ No ___ Please list: _____

Have you had surgery in the past? Yes ___ No ___

If yes, please list all and indicate the year performed:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Do you have a history of trauma or injury to any part of your body in the recent past?

Yes ___ No ___ If yes, please describe _____

FOR INTERNAL USE ONLY

DX: _____ Symptoms _____

Previous Reports Yes ___ No ___ Faxed to Reading Radiologist? Yes ___ No ___

Comparison Studies Yes ___ No ___ Dates: _____



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Appointment. _____ / _____ / _____

arrival time ____:____ AM /PM

ULTRASOUND PREP

1. Ultrasound: Abdominal with Doppler/ as indicated (Estimated exam time: 30mins)

Prep: A minimum of **eight hours NPO**.(Nothing by mouth except water)

Attention: Gallbladder, cholelithiasis, cholecystitis, Liver/bile duct Aorta, Kidneys/Renal Spleen, Pancreas, Portal vein, splenic vein, hepatic vein, Ascites, Lymph nodes Abdominal mass Abscess

2. Ultrasound: Pelvis (Transabd) as indicated Prep: **Full bladder. Patient must drink 32 to 48 ounces of water.**

(Estimated exam time: 30mins)

Attention: Uterus, ovaries, RLQ or LLQ mass or pain, Abscess, Abnormal bleeding

3. Ultrasound: Breast

Prep: None. Patient should have a palpable mass or prior mammogram. Site Specific. Any Mammogram report should accompany the patient.

4. Ultrasound: Thyroid/Neck

Prep: None. Palpable mass/nodules.

5. Vascular: with Doppler/cd as indicated

Prep: No smoking two/2 hours prior to the exam.

Attention:

Lower extremity-arterial
Lower extremity-venous
US Echo
US Carotid

Please note : **The time noted above is your arrival time. We ask you to arrive at this time in order to get through registration; you will begin your exam within 15-30 mins of this time.**