



ULTRASOUND CLINICAL QUESTIONNAIRE

NAME: _____

DATE: _____

ALLERGIES: _____

1. Why has your doctor sent you for this test? Did he/she give you a specific diagnosis?

2. Please describe what specific complaints/symptoms have been most bothersome to you?

3. How long have you had these complaints/symptoms? _____

Did these complaints/symptoms come on suddenly or gradually? _____

4. Do you have a history of cancer? If so, what type? _____

5. Have you had any previous surgery?:

Date

Type

6. Have you had any prior tests?

MRI Date: _____ Place: _____

CT scan Date: _____ Place: _____

Ultrasound Date: _____ Place: _____

Nuclear Medicine Date: _____ Place: _____

PET scan Date: _____ Place: _____

Other _____

