

## PREGNANCY

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Your Date of birth \_\_\_\_\_

Medicare \_\_\_\_\_(ref) \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \*\* \_\_\_\_\_

Previous ultrasounds in this pregnancy, if yes where? \_\_\_\_\_

Referring Dr: \_\_\_\_\_ Next appointment: \_\_\_\_\_

What was the first day of your last period? \_\_\_\_\_

What is your estimated due date? \_\_\_\_\_

Have you had IVF in this pregnancy? Y/ N If yes transfer date \_\_\_\_\_

Your Height \_\_\_\_\_ Your Weight \_\_\_\_\_

Have you had any children? Y / N If yes how many \_\_\_\_\_

Do you have any medical allergies \_\_\_\_\_

Name of anyone attending with you \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

## Privacy

QDOS Ultrasound is committed to protecting your privacy according to the Privacy Act. Access to computer records containing your information is restricted to staff, with varying access levels and is password protected. All hard copies of patient documents are disposed of in a secure manner.

At times it may be necessary to email or fax your reports to other Medical Practitioners and Hospitals.

We may use your mobile phone to send you images of your scan.

\*\* We use the email you provide to forward invoices/ receipts, medical reports if requested, and communication regarding appointments at QDOS Ultrasound.

## My Health Record

Do you want your ultrasound reports to go to **My Health Record**?      **Yes**      **No**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date