

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 _____

** _____

Signature _____

Name _____

Date _____