

GYNAECOLOGY

Surname _____ First Name _____
Preferred Name _____ Your DOB _____
Medicare _____ Aged Pension _____
Address _____
Email ** _____ Mobile _____
Previous pelvic ultrasounds? If yes, where? _____
Referring Doctor _____ Next Appointment _____

MEDICAL HISTORY

1. Are you Post Menopause? Y/ N
2. Do you use any hormones?
 Oral contraceptive Pill Mirena IUD Other: _____
 Menopausal hormone therapy Implanon
3. Have you had children? How many? _____
4. When was your last PAP smear/CST? _____
5. If you still have a menstrual cycle:
When was the first day of your last period? _____
How many days do you bleed for? _____
Is your cycle regular? Y/ N
How long is your typical cycle (eg 28 days) _____
6. Have you had any pelvic surgery? Y/ N
If Yes what? _____
7. Do you have any medical allergies? Y/ N _____
8. Height _____ Weight _____
9. Name of anyone attending with you _____
10. 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 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 _____

Date _____

Submit

The Submit Button works only if an email app is set up on your device.

If no email window opens automatically, please save your completed form and email it to info@qdosultrasound.com.au