

PREGNANCY

Surname _____ First Name _____

Preferred Name _____ Your DOB _____

Medicare _____ (ref) _____ Mobile _____

Address _____

Email ** _____

Previous ultrasounds in this pregnancy? If yes, where? _____

Referring Doctor _____ 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 _____

Height _____ Weight _____

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

Do you have any medical allergies? Y/ N _____

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 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