

## HyCoSy and Saline Infusion Sonography

### Patient Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(In case we have further questions for you, or to answer your questions to us)

Referring Doctor: \_\_\_\_\_

- Procedure to be performed:**  HyCoSy - to check the Fallopian tubes are open  
 SIS - to check the uterine cavity (shape, polyps, fibroids)
- Location of previous pelvic ultrasounds:**  QDOS Ultrasound (Previously Park Ultrasound)  
 Other (state where) \_\_\_\_\_  
 Never had a pelvic ultrasound before

#### Menstrual Information:

The first day of your last period was \_\_\_\_\_

Your bleeding lasts for \_\_\_\_\_ days.

- Your cycle is  Regular - like clockwork  
 Regular - within 2-3 days  
 Irregular - indicate a range in the next question

Your typical cycle (Day 1 to Day 1 of bleeding) is \_\_\_\_\_ days.

#### Medical Information:

Are you on the pill?  No  Yes

Are you on any other hormone medication?  No  Yes

Are you allergic to Betadine/Iodine?  No  Yes

Have you recently been treated for a pelvic infection?  No  Yes

Do you currently have symptoms of abdominal pain with vaginal discharge or fevers/chills/loss of appetite?

Have you had a surgery on your cervix?  No  Yes

(eg. *laser treatment, LLETZ, cone biopsy, suture*)

Do you become faint when having your Pap-smear?  No  Yes

Do you become faint when having a blood test?  No  Yes

Have you read the procedure information on our website?  No  Yes

Is there anything else you think we should know about you? \_\_\_\_\_

Are there any questions you would like us to answer before you make your appointment? \_\_\_\_\_