



## GYNAECOLOGY

Today's Date: \_\_\_\_\_ Next Doctor's apt \_\_\_\_\_

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

Your DOB: \_\_\_\_\_ Medicare \_\_\_\_\_ (ref) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Pension \_\_\_\_\_

Mob: \_\_\_\_\_ Work:  \_\_\_\_\_ Other: \_\_\_\_\_

Previous pelvic ultrasounds? If yes where? \_\_\_\_\_

## MEDICAL HISTORY

1. Are you Post-menopausal? Y / N
2. Do you use any of the following hormones?
  - Oral contraceptive pill
  - Mirena IUD
  - Implanon
  - Hormone replacement therapy
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 allergies? Y / N \_\_\_\_\_
8. Height \_\_\_\_\_ Weight \_\_\_\_\_

## 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_