

PREGNANCY

Today's Date: _____ Next Doctor's apt _____

Surname: _____ First Name : _____

Your Date of birth _____ Medicare : _____ (ref) _____

Email _____

Address _____

Mobile _____ Work _____ Other _____

Referring Dr: _____ Suburb _____

What was the first day of your last period? _____

What is your estimated date of delivery? _____

Have you had IVF in this pregnancy? Y / N If yes transfer date _____

Have you smoked during this pregnancy? Y / N

Previous ultrasounds in this pregnancy, if yes where? _____

Height _____ Weight _____

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

Do you have any medical allergies? _____

Name of anyone attending with you today _____

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.

Name

Signature

Date