

McLaren Flint
Department of Radiology
Ultrasound of the Pelvis Worksheet

Name _____ Age: _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Working DX: _____

LMP (Normal): _____ Pregnancy Test: Negative Positive

Gravida: _____ Para: _____ Abortion: _____ Birth Control: _____

Hormones: _____ Miscarriage: _____

Previous Surgeries _____

Previous Study Yes No Date: _____

History: _____

Uterus: _____

Rt Ovary: _____

Doppler & RI _____

Lt Ovary: _____

Doppler & RI _____

Free Fluid: Yes No

Sonographer: _____

