

PATIENT NAME _____ DATE _____

AGE _____ MR# _____

ORDERING PHYSICIAN: _____ FAMILY PHYSICIAN: _____

HISTORY:

Gravida: _____ Para: _____ Aborted: _____ Miscarriages: _____

Date of LMP: _____

EDC: _____

Age by previous US: _____

Age by current US: _____

Diabetes: Y N Hypertension: Y N

Bleeding: Y N

COMPARISON:**MATERN** _____ **AL PELVIS:** _____**Cervix:**

Length: _____ cm Open/Closed: _____

Left Ovary: _____

Right Ovary: _____

UTERUS:

Placenta: _____ Grade: _____

Previa: _____

Amniotic Fluid Estimate: _____

AFI: _____

FETUS:

Fetal number: _____

Presentation: _____

Est Fetal Wt: _____ g. +/- _____ g. (lb oz)

EFW (Hadock) _____ %

BPD _____ cm MA ___ W ___ D (=/-D)

HC _____ cm MA ___ W ___ D (=/-D)

AC _____ cm MA ___ W ___ D (=/-D)

FL _____ cm MA ___ W ___ D (=/-D)

CI: _____

FL/BPD %: _____

HC/AC%: _____

FL/AC%: _____

FETAL ANATOMY:

Heart 4ch	_____	
Heart rate	_____	bpm
Lateral Ventricular Atria	_____	cm
Cist Magna	_____	
Cerebellum	_____	mm
Upper Lip	_____	
Orbits	_____	
Stomach	_____	
Left Kidney	_____	
Right Kidney	_____	
Bladder	_____	
Cord Inser	_____	
Cord 3 Ves	_____	
Spine	_____	
Extremities-4	_____	
Diaphragm	_____	

COMMENTS: _____
