



CLINICAL INFORMATION SHEET
PREGNANCY ULTRASOUND

1. Why are you having this test? _____
2. Do you have pain? _____
3. Do you have vaginal bleeding? _____ How long? _____
4. Do you have vaginal discharge? _____
5. Have you ever had prior complications with previous pregnancies?

If so please explain? _____

6. Have you ever had a miscarriage or an ectopic pregnancy? _____
7. Do you have any family history of deformities or abnormalities? _____

If so, please explain? _____

8. Have you had any abnormal blood work related to this pregnancy? _____
9. Do you smoke, drink or use drugs? _____
10. What was the first day of your last menstrual cycle? _____

Other information that you feel may be helpful:
