



Thank you for choosing Oregon Imaging Centers.

Your health care provider has ordered an Ultrasound examination to monitor your health. Images taken today will be read by a radiologist and a report will be sent to your healthcare provider within 2-3 business days.

If you wish to receive a copy of your report, please complete the Request for Health Records form available at the front desk or on the website via the Patient Forms portal. Your sonographer is not able to provide you with any results or diagnosis at the time of the exam.

Please answer the following questions to assist us in your care.

<b>LAST NAME</b>	<b>FIRST</b>	<b>M</b>	<b>TODAY'S DATE</b>
<b>DATE OF BIRTH</b>	<b>GENDER</b>	<b>REFERRING PROVIDER</b>	

### PERSONAL HEALTH HISTORY

1. Symptoms/reason for exam: \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been diagnosed with cancer?  Yes  No

If yes, please specify type: \_\_\_\_\_

3. Do you have a family history of cancer?  Yes  No

If yes, please specify type and familial relation:

Type: \_\_\_\_\_ Relation: \_\_\_\_\_

4. Please list any prior surgeries relevant to this exam:

Date: \_\_\_\_\_ Surgery: \_\_\_\_\_

5. If you have had a previous ultrasound, please specify date and facility:

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

6. Please list any other relevant medical conditions: \_\_\_\_\_