

Hysterosalpingogram (HSG) History Form

TO BE COMPLETED BY THE PATIENT:

What was the date of the first day of your last period? _____

Check the appropriate box:

YES NO

- Are you still "spotting"?
- Is there a possibility you are pregnant?
- Have you engaged in sexual intercourse since the start of your period?
- Have you ever had an ectopic pregnancy?
- Have you had a gynecologic surgery? (i.e. tubal ligation) Specify type: _____

If yes, date of procedure: _____

- Have you ever been pregnant?
If yes, how many times? _____

- Have you ever had Pelvic Inflammatory Disease?
- Do you have any allergies to iodine or imaging contrast?
If yes, date occurred: _____

If yes, describe the reaction: _____

Patient/Authorized person signature Print name Title (Self,Spouse,Nurse,etc.) Date / Time

Interpreter name ID number Language interpreted

Technologist authentication OPID Date / Time

<i>Patient Label or</i>	
Patient Name _____	
DOB _____	MRN _____