

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, ie 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? f
If yes, date occurred: _____
If yes, describe the reaction: _____

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

Qualified Staff / Interpreter Signature Phone OR Video _____
(Check) Print Qualified Staff / Interpreter Name ID Number Language Interpreted

Technologist authentication Print Name OPID Date Time



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