

Hysterosalpingogram Information Sheet

Name _____ Date _____

Age _____ MRN _____

Pregnancies _____ Living Children _____ Ages _____

Vaginal births _____ C-sections _____

Miscarriages _____ How far along? _____ Abortions _____

What were the starting and ending dates of your last menstrual period? _____

Was this a normal period? _____

Have you had sexual intercourse since the start of your period? _____

Do you currently have an active infection or fever? _____

Have you had any pelvic infections? _____

Have you had a uterine or endometrial ablation? _____

Have you had a tubal ligation? _____

Have you had your tubes repaired or any other pelvic surgery? _____

Have you had an IUD recently removed? _____ Date of removal? _____

Is this exam being done as an infertility workup? _____

Do you have an Iodine contrast or soap allergy? Latex allergy? _____

Have you had a blood serum pregnancy test within the last 24 hours? _____

Where was the pregnancy test performed? What were the results? _____

Have you had a hysterosalpingogram before? When? Where? _____

If you've had an HSG before, what were the results? _____

Technologist Section

Technologist notes _____

Catheter _____ FR Contrast _____

Fluoro time _____ Dose _____ mGy Time out _____