CORA CMI

CENTRAL OREGON RADIOLOGY ASSOC., P.C.
CASCADE MEDICAL IMAGING, LLC
ABDOMEN ULTRASOUND HISTORY and WORKSHEET

Name: **Today's Date:** / /
Last First MI

Date of Birth: / / ☐ **Male** ☐ **Female** **Referring Physician:**

Briefly describe the problem(s) you are experiencing that made you see your doctor:

Have you had any surgery on your abdomen? ☐ Yes ☐ No

→ **Type(s) of abdominal surgery:**

Have you had any recent blood work performed that had an abnormal result? ☐ Yes ☐ No

→ **Abnormal blood work:**

Do you have a personal history of cancer in any part of your body? ☐ Yes ☐ No

→ **What part of your body and when was the diagnosis made?**

Have you had any recent diagnostic exams (e.g., CT, MRI, X-Ray) related to your Current problem/symptoms? ☐ Yes ☐ No

→ **What was the exam(s) and where was it performed?**

PLEASE USE THIS DIAGRAM TO MARK WHERE YOU THINK YOUR PROBLEM IS LOCATED OR WHERE YOU ARE FEELING PAIN > > > > > > > > >

The area below is to be filled out by your Sonographer

ULTRASOUND RESULTS:

	NORMAL	ABNORMAL	
Liver	☐	☐	
GB	☐	☐	
CBD	☐	☐	
Pancreas	☐	☐	
Right Kidney	☐	☐	
Left Kidney	☐	☐	
Spleen	☐	☐	
Aorta	☐	☐	
IVC	☐	☐	

COMMENTS:

Sonographer: **Radiologist:**