

FLUOROSCOPY HISTORY FORM

Patient Name: _____ Date: _____

Other than being referred by your doctor, what is the reason (symptom) you are having this exam today? _____

| | | | |
|---|------------|-----------|-------------|
| On what side are your symptoms? | RT | LT | BOTH |
| Have you ever been diagnosed with cancer? | YES | NO | |
| If yes, what type? | _____ | | |

Please list any surgeries that you may have had in the past to your abdomen or pelvis:

| | | | |
|------------------------------|------------|-----------|--|
| Are you allergic to Latex? | YES | NO | |
| Are you a Diabetic? | YES | NO | |
| If yes, do you take Insulin? | YES | NO | |

••GASTROINTESTINAL PATIENTS ONLY••

(Example: Barium studies)

| | | |
|---|------------|-----------|
| Have you had an EGD recently? | YES | NO |
| If yes, when was the exam completed and was anything found? | _____ | |

| | | |
|--|------------|-----------|
| Have you had a colonoscopy recently? | YES | NO |
| If yes, when was the exam done and was anything found? | _____ | |

••HYSTERSALPINGOGRAM (HSG) PATIENTS ONLY••

(Female patients)

| | | |
|---|------------|-----------|
| Are you allergic to Iodine? | YES | NO |
| How long have you been trying to get pregnant? | _____ | |
| Have you ever been pregnant? | YES | NO |
| If yes, how many were full term? _____ Miscarriages? _____ | | |
| When was the first day of your last period? | _____ | |
| Are you currently bleeding? | YES | NO |
| Has it been more than seven (7) days since the start of your last period? | YES | NO |
| If yes, have you had sexual intercourse? | YES | NO |

RADIOLOGY USE ONLY:

Technologist: _____ Radiologist: _____