



**Diagnostic Medical Imaging Pembroke Pines, LLC**  
330 South Flamingo Road  
Pembroke Pines, Fl. 33027

## Patient History for Ultrasound

**Patient Name:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Referring Doctor** \_\_\_\_\_

**Test Ordered** \_\_\_\_\_ **Why** \_\_\_\_\_

**Are you Pregnant?**  **NO**  **YES**

**1. Previous Nuclear Medicine Tests or Ultrasound Tests:**

\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_

**2. Previous X-Rays, CT, MRI, BKG, Other Tests:**

\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Where** \_\_\_\_\_

**3. Complaints (i.e. Bone pain)** \_\_\_\_\_  
\_\_\_\_\_

**4. Other Medical Problems and Treatments received (when):**  
\_\_\_\_\_  
\_\_\_\_\_

**5. Surgeries, Traumas, Fractures (when):**  
\_\_\_\_\_  
\_\_\_\_\_

**6. Please list any medications that you are currently taking:**

Medication	Dosage	Time/Frequency	Last Dose On