



HYSTEROSALPINGOGRAM QUESTIONNAIRE

Patient Name: _____ Age: _____ Date: _____ Acct: _____

1. What was the date your last menstrual cycle started? _____
2. Have you ever been pregnant? ___ Yes ___ No If yes please answer A through E.
 - a. If yes, how many times? _____
 - b. Have you had any abortions? _____ If yes, how many? _____
 - c. Have you had any miscarriages? _____ If yes, how many? _____
 - d. How many pregnancies carried full term? _____
 - e. How long ago was your last pregnancy? _____
3. Have you had any surgery of the uterus or abdomen? ___ If yes, what kind of surgery?

4. How long have you been trying to get pregnant? _____
5. Have you had any unprotected sexual intercourse since the day you made your appointment? ___ Yes ___ No

Technologist:

Urine pregnancy test administered? ___ Y ___ N

If yes, result of urine pregnancy test: _____

Signature: _____

Doctor: _____