

Name: _____

Pt#: _____

Date: _____

DOB: _____

Ultrasound Documentation

Patient to complete this section:

Do you want to know if this is a multiple pregnancy? Yes No

Would you like to see the ultrasound? Yes No

Would you like a copy of the ultrasound? Yes No

Patient Initials: _____

CHOICES STAFF TO COMPLETE SECTION BELOW

Patient informed of multiple? Yes No Patient given copy of ultrasound? Yes No

INDICATIONS:

- Gestational Dating**
 - Size-Date Discrepancy
 - Bleeding
 - Irregular Cycles/Cycle Length > 35 Days
 - Hormonal Contraceptive (Past 3 months)
- Routine Pre-Medication/Aspiration Abortion**
- Post Aspiration or Medication Abortion
- Miscarriage Management (pre/post)
- IUD Localization
- Teaching
- Ovulation Monitoring
- Other: _____

FINDINGS:

- Gestational Sac:** _____ mm (MSD)
- CRL:** _____ mm
- Multiple Gestation:** _____
- Estimated Gestational Age:** _____
- Estimated Date of Delivery:** _____
- Endometrial Stripe:** + / - : _____
- Yolk Sac:** + / - : _____
- Fetal Heart:** + / - : _____
- Follicle Size:**
 - Left Ovary:** _____
 - Right Ovary:** _____
- Other:** _____
- Longitudinal** **Transverse** **Both**
- Placement of Placenta (>14 Weeks EGA):
 - Anterior** **Posterior** **Low Lying**

Tape Sonogram Picture(s) Here
Use New Form for Each USG Evaluation

GS: _____ mm + 30 = _____ Gestational Age (Days) CRL: _____ mm + 42 = _____ Gestational Age (Days)

For Pregnancy Dating: 1st Trimester, Use crl+42 until crl=25, after crl>25, use hadlock Dating By Hadlock: _____

USG Technician Signature: _____ Date: _____

Clinician Review and Comments _____

Clinician Signature: _____ Date: _____