



# ARA Diagnostic Imaging HYSTEOSALPINGOGRAM (HSG) FORM

Patient Name: \_\_\_\_\_ ACC#: \_\_\_\_\_ MRN: \_\_\_\_\_

### Check One

- Yes No Have you ever had this exam before? If so, when and where: \_\_\_\_\_
- Yes No Have you ever been pregnant?  
Dates: \_\_\_\_\_  
Number of deliveries: \_\_\_\_\_  
Was it a vaginal birth: \_\_\_\_\_
- Yes No Are you trying to get pregnant?
- Yes No Have you ever had any pelvic surgeries (D & C, tubal ligation, etc.)?  
If so, please list the procedure with the date: \_\_\_\_\_  
When was the first day of your period? \_\_\_\_\_  
When did your period stop? \_\_\_\_\_
- Yes No Are you on any fertility drugs?  
If so, please list the names: \_\_\_\_\_
- Yes No Are you on any antibiotics?  
If so, please list the names: \_\_\_\_\_
- Yes No Do you have any allergies?  
If so, please list the names: \_\_\_\_\_
- Yes No Do you have any reason to believe you are pregnant?
- Yes No Have you ever had any recent pelvic imaging, such as ultrasound or x-rays?

Patient Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office Use ONLY

Technologist Initials: \_\_\_\_\_

Contrast Used: \_\_\_\_\_

Lot Number: \_\_\_\_\_