

PATIENT INFORMATION

Name: _____
 DOB (DD/MM/YY): _____ M F
 AHC #: _____
 Tel: _____
 Address: _____
 City/Province: _____ Postal Code: _____

PATIENT HISTORY

REFERRING PHYSICIAN INFORMATION

Name: _____
 Practitioner ID: _____
 Tel: _____
 Fax: _____
 Copy To: _____
 Signature: _____

URGENT AND STAT REPORTS

STAT FAX STAT PHONE (Direct line/cell phone please)

APOINTMENT LOCATION

Strathmore High River

GENERAL SERVICES: ADULT & CHILD

ULTRASOUND

ABDOMEN

- Routine Abdomen
- Limited Abdomen (1-2 organs)
Specify: _____
- KUB

PELVIS

- Female: Gyne & KUB
- Female: Gyne Only
- Male: KUB & Prostate
- Scrotum

GENERAL

- Head and Neck
- Thyroid
- Abdominal Wall
Site: _____
- Groin R L
- Soft Tissue:
Site: _____

MUSCULOSKELETAL

- Shoulder R L
- Wrist R L
- Hand R L
- Elbow R L
- Hip R L
- Knee R L
- Ankle R L
- Achilles R L
- Foot R L
- Plantar Fascia R L
- Other: _____

VASCULAR

- Upper Limb DVT R L
- Lower Limb DVT R L
- Carotid Doppler
- AAA Screening
- Renal Doppler
- Liver Doppler

OBSTETRICAL

1st TRIMESTER

- OB Dating, Viability (7-12wks)

2nd TRIMESTER

- Detailed Anatomical Screening (18-20wks)

3rd TRIMESTER

- Biophysical Profile (>28wks)
- Other

MAMMOGRAPHY

- Complete screening with Tomo & ultrasound (as necessary)
- Screening with Tomosynthesis
X-Ray
Specify anatomy/indication

PATIENT INSTRUCTIONS

1. Please bring this document with you to the exam.
2. Please bring your valid Health Care Card.
3. Please arrive earlier than your scheduled exam time.
4. Please do not bring children requiring supervision to the exam.

EXAM PREPARATIONS

ULTRASOUND

ABDOMEN:

Do not eat 6 hours prior to the exam time. Continue taking your home medications as prescribed by your physician. Diabetic patients should consult with their physicians and request an earlier appointment.

ABDOMEN AND PELVIC COMBINED:

Do not eat 6 hours prior to the exam time. Drink up to 1 liter (32 oz) of water 1 hour prior to your appointment time. Do not empty your bladder until the exam is completed. If necessary, you may partially empty your bladder. Note: If you are beyond 28 weeks pregnant, you do not have to fill your bladder.

OBSTETRICS, PELVIC (Kidney, Bladder & Gyn):

Drink up to 1 liter (32 oz) of water 1 hour prior to your appointment time. Do not empty your bladder until the exam is completed. If necessary, you may partially empty your bladder. Note: If you are beyond 28 weeks pregnant, you do not have to fill your bladder.

ALL OTHER ULTRASOUND EXAMS:

For all other general ultrasound exams other than specified above, there is no special exam preparation required.

MAMMOGRAPHY

Do not use deodorant, antiperspirant, lotion/body powder the day of the exam as this may interfere with breast imaging. If you are experiencing premenstrual tenderness, please reschedule your screening mammography appointment for when it has resolved. Please wear a two-piece outfit, this will make undressing easier for your examination.

GENERAL X-RAY

There is no special exam preparation required. Please wear an outfit without zippers or metal.

LOCATIONS

STRATHMORE

Valley Medical Center Lower Level 231, 2nd Avenue Strathmore, AB

HIGH RIVER

Charles Clark Clinic, 303 9 Ave SW Suite 201, Room 14, High River, AB