



Physical Exam and Saline Hydrosonogram (Saline Ultrasound)

Date of Exam:

Vitals: Height _____ Weight _____ BP _____ P _____ Temp _____ Resp _____

Physical Examination					
General:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Extremities:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
HEENT:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Musculoskeletal:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
Chest & Back:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Neurological:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
Abdomen:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Genitalia:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
Heart:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Ultrasound:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
Lungs:	<input type="radio"/> WNL	<input type="radio"/> Abnormal	Emotional & Mental:	<input type="radio"/> WNL	<input type="radio"/> Abnormal
Abnormal Findings:					

Pelvic Ultrasound / Saline Contrast Ultrasound (SCUS)	
Was a saline contrast ultrasound performed today?	<input type="radio"/> Yes <input type="radio"/> No
Any difficulties encountered during the saline contrast ultrasound?	<input type="radio"/> Yes <input type="radio"/> No
Right ovarian dimensions:	
Follicles and cysts within the right ovary:	
Left ovarian dimensions:	
Follicles and cysts within the left ovary:	
Uterine dimensions:	
Fibroids or other uterine abnormalities:	
Any free fluid seen?	<input type="radio"/> Yes <input type="radio"/> No
Abnormal Findings & Additional comments:	

Examiner's Assessment
<input type="checkbox"/> The examination does not reveal any abnormalities <input type="checkbox"/> There are abnormalities that may decrease the patients chance of pregnancy <input type="checkbox"/> There are abnormalities that will not likely affect chances of pregnancy <input type="checkbox"/> The patient was made aware of the findings

Examiner (name, address, phone, signature):	<input type="checkbox"/> Ernest Zeringue MD	<input type="checkbox"/> Laurie Lovely MD
	<input type="checkbox"/> Pravin Goud MD, PhD	
	Signature: _____	Date: _____