



Baptist Health South Florida

BAPTIST HOSPITAL OF MIAMI • SOUTH MIAMI HOSPITAL • DOCTORS HOSPITAL
BAPTIST CHILDREN'S HOSPITAL • HOMESTEAD HOSPITAL • MARINERS HOSPITAL
BAPTIST OUTPATIENT SERVICES • BAPTIST CARDIAC & VASCULAR INSTITUTE

Name: _____ Date of birth: _____

1. What was the date of the first day of your last period? _____

2. Are you still spotting? Yes No

3. Have you had a pregnancy test within the last (4) days? Yes No

4. Why is this test being performed? _____

5. Have you ever been pregnant? Yes No
If Yes, how many times? _____

6. Have you had an abortion? Yes No

7. Have you ever had Pelvic Inflammatory Diseases? Yes No

8. Do you have Mitral Valve Prolapse? Yes No

9. Have you had intercourse since your last period? Yes No
If Yes, did you use protection? Yes No

10. Have you ever had a pelvic ultrasound, sonohysterogram or
a hysterosalpingogram? Yes No

11. Are you currently taking any antibiotics? Yes No

12. Have you ever had uterine (uterus) or fallopian tube surgery? . Yes No

If Yes, Please explain: _____

Information given by (patient signature): _____ Date: _____

HYSTEROSALPINGOGRAM PATIENT QUESTIONNAIRE

Designation: White - Chart
Canary - Patient

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