OB Complete US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER Beach ER

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: MMI: Age:

History/Symptoms:

				LMP G
				P
				# Spont Abort:
Pelvic Pain	Vomiting	Vaginal Discharge	Confirm Pregnancy	# Elect Abort:
R L	Vaginal Bleeding	Leaking Fluid	Lack of Prenatal Care	TA Scan
Nausea	Heavy Bleeding	Pelvic Trauma	Assess Fetal Viability	EV Scan

	Number	Presentation	
Fetus		vertex	breech
		trans	variable

	Grade	Location	
Placenta		anterior	fundal
		posterior	previa

AFI		wnl (5-24 cm)	abnl
Cervix	cm	closed	opened

	cm	weeks	days
BPD			
HC			
AC			
FL			
Estimated Gestational Age			
Estimated Delivery Date		/ /	
Estimated Fetal Weight			gm
Weight Percentile			%
Fetal Heart Motion		bpm	none
Rt Ovary/Adnexa	wnl	abnl	ltd
Lt Ovary/Adnexa	wnl	abnl	ltd

Brain/Ventricles	seen	not seen
Spine	seen	not seen
Face	seen	not seen
Stomach/Bowel	seen	not seen
Kidneys	seen	not seen
Bladder	seen	not seen
Genitalia	male	female
	indeterminate / not seen	
4 Chamber Heart	seen	not seen
3 Vessel Cord	seen	not seen
Cord Insertion	seen	not seen
Movement	seen	not seen
Both Arms/Hands	seen	not seen
Both Legs/Feet	seen	not seen

Sonographer's Impression:

Sonographer's Name, Date & Time: # Images

SN TV Probe: HLD Completion Date/Time: Performed By: