OB Limited 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

	cm	weeks	days
BPD			
HC			
AC			
FL			
Estimated Gestational Age			

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

Right Ovary/Adnexa	wnl	abnl	ltd
Left Ovary/Adnexa	wnl	abnl	ltd

Estimated Delivery Date		
Fetal Heart Motion	bpm	none
Estimated Fetal Weight		gm

	none	moderate
Free Fluid	trace	large
	small	

Sonographer's Impression:

Sonographer's Name, Date & Time: # Images

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