Client Intake Form

Name: _____ Home Phone: _____ Cell #:_____

Address: _____ City: _____ State/Zip: _____

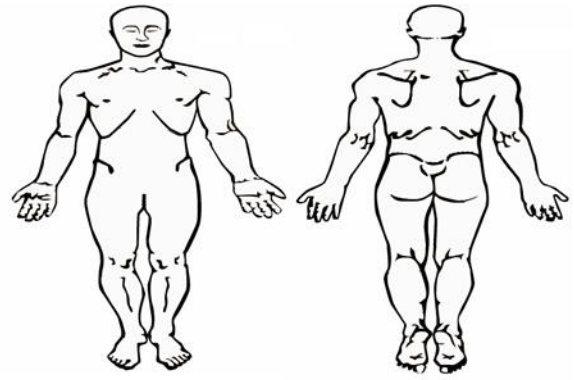
DOB: __/___/_____ Emergency Contact Name: _____ Contact Phone #:_____

Have you ever had an ultrasound? YES / NO If Yes, Which Type: _____

Reason for Visit: ☐ Assessment ☐ General Interest ☐ Fetal Photo Shoot ☐ Other: _____

Email Address (To receive your photos and any follow up information):_____

Indicate on **DIAGRAM** any areas you want **FOCUSED**



PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

☐ Contagious Skin Condition
☐ Easy Bruising
☐ Heart Condition
☐ Allergies/Sensitivities
☐ Varicose Veins
☐ Recent Surgery/Injury
☐ Numbness
☐ Liver Condition
☐ Open Sores or Wounds
☐ Recent Accident /Injury
☐ Gallbladder Condition
☐ Spleen Condition
☐ Pancreas Condition
☐ Kidney Condition
☐ Bladder Condition
☐ Uterus Condition
☐ High/Low Blood Pressure
☐ Ovary Condition
☐ Thyroid Condition
☐ Testicle Condition
☐ Cancer
☐ Diabetes
☐ Blood Clots/DVT
☐ Circulatory Disorder

OB/GYN INFO

LMP:_____
Children:_____
Pregnancies:_____
Births:_____
Miscarriage/Abort:_____

Please explain any checked conditions listed above and anything else you think your technician should be aware of:

_____

_____

Please list any medications prescribed or you are currently taking: _____

_____

Disclaimer: This place of business will not be held liable for improper diagnosis or complications you have sustained. The form is intended as an assessment tool only and serves as a guide for the application of elective ultrasound not for medical treatment or diagnosis. It is important to understand that elective ultrasounds are non-diagnostic and DO NOT replace the anatomic scan you receive at your doctor's office. Ultrasound technicians at elective facilities will not be specifically looking for abnormalities during the scan for the purpose of sending images off to a Radiologist to confirm a diagnosis. However, if something stands out or doesn't look right in your scan we will recommend you follow up with your Primary Care Manager as a preventive measure, and we can also recommend some Holistic or natural remedies and advice on healthy lifestyle changes to assist you. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization of the ultrasound session.

I have stated all conditions that I am aware of and this information I provided is true and accurate to the best of my knowledge. I agree to inform my technician immediately if I feel any discomfort during the scan. I acknowledge that this information is confidential and intended for review by the technician and that the place of business is not liable for the management of any condition. If uncomfortable for any reason, a client may end the session.

Client Signature (Parent/Guardian if Minor):_____ Date: _____
Signature of Technician: _____ Date: _____