CALEDON MEDICAL IMAGING

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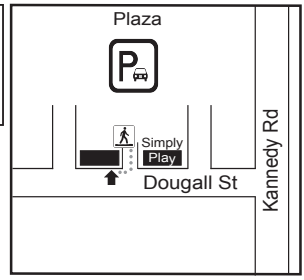

REQUEST FOR ASSESSMENT

WE ACCEPT WALK-IN PATIENTS

PATIENTS NAME:	OHIP #:
TEL #:	D.O.B:
INDICATION:	
REFERRING PHYSICIAN:	DATE:
PHYSICIAN BILLING#:	TEL #:

General Ultrasound

- ☐ Abdomen
- ☐ Abdomen Limited
- ☐ Abdomen & Pelvis
- ☐ K.U.B.
- ☐ PTV (unless contraindicated)
- ☐ Pelvis M☐ F☐ TV☐
- ☐ Prostate
- ☐ Scrotum
- ☐ Thyroid
- ☐ Chest Mass Axillary
- ☐ Breast R☐ L☐
- ☐ Neck
- ☐ Soft tissue/ lump
- ☐ Other _____

Obstetrical

1st Trimester

- ☐ Dating LMP DD / MM / YY
- ☐ Nuchal translucency (11w-13w 6 days)
- ☐ Other _____

2nd Trimester

- ☐ Anatomy (18-20 weeks)
- ☐ Twin Anatomy (18-20 weeks)
- ☐ Other _____

3rd Trimester

- ☐ BPP ☐ BPP with growth
- ☐ Other _____

Musculoskeletal (only bilateral are scheduled)

R	L		R	L	
☐	☐	Shoulder	☐	☐	Quadriceps
☐	☐	A.C. Joint	☐	☐	Hamstring
☐	☐	Elbow	☐	☐	Knee
☐	☐	Wrist & Hand	☐	☐	Calves
☐	☐	Wrist (Carpal Tunnel)	☐	☐	Ankle
☐	☐	Abdominal Wall (Hernia)	☐	☐	Achilles tendon
☐	☐	Hip	☐	☐	Foot
			☐	☐	Plantar Fascia
			☐	☐	Other _____

VASCULAR

PERIPHERAL ARTERIAL

- ☐ **Carotids**
- ☐ **Lower Extremity (Incl. Aorta, ABI, TBI)** R☐ L☐
- ☐ **Upper Extremity** R☐ L☐
- ☐ **Other** _____

PERIPHERAL VENOUS

- ☐ **Lower Extremity** R☐ L☐
- ☐ **Upper Extremity** R☐ L☐
- ☐ **Rule out DVT** R☐ L☐
- ☐ **Other** _____

PATIENT PREPARATIONS AND INSTURCTIONS ON REVERSE SIDE.
PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS

EMAIL PRINT RESET