

PATIENT

**APPOINTMENT DATE / TIME:** \_\_\_\_\_

NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE)  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ PROVINCE: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK / CELL)

**BRING VALID HEALTH CARE CARD & THIS FORM.** If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment.

AHC #: \_\_\_\_\_  OUT OF PROVINCE  
 WCB  PATIENT PAY  PRIVATE  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM / DD / YEAR) LMP: \_\_\_\_\_ (MM / DD / YEAR)  
 MALE  FEMALE PREGNANT:  YES  NO

REFERRAL

ORDERING PHYSICIAN: \_\_\_\_\_  
 CLINIC NAME: \_\_\_\_\_  
 FAX REPORTS TO #: \_\_\_\_\_

SEND COPY TO: \_\_\_\_\_  
 CLINIC NAME: \_\_\_\_\_  
 FAX REPORTS TO #: \_\_\_\_\_

**HISTORY & PROVISIONAL DIAGNOSIS:**

- Wheelchair, walker, limited mobility, etc. (allow more time)  
 Relevant prior imaging: \_\_\_\_\_ (LOCATION AND DATE OF EXAM)

\_\_\_\_\_ M.D.

EXAM

**ULTRASOUND (PREPARATION REQUIRED)**

- ABDOMEN**  
 After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment time. Medication(s) can be taken with a small amount of water.
- PELVIS**  **KIDNEYS, URETER, AND BLADDER (KUB)**  
 FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).
- ABDOMEN AND PELVIS**  
 After midnight, nothing to eat, no chewing gum or candies and no smoking. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).

- OBSTETRIC**  
 90 minutes prior to your appointment, empty your bladder, then drink water as specified below. The amount of water you need to drink depends on how far along you are in your pregnancy:

- Up to 25 weeks - 3 glasses of water, 8 oz. each (750 mL total)
- Over 25 weeks - 1 glass of water, 8 oz. (250 mL total)

DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled.

DO NOT BRING CHILDREN TO YOUR APPOINTMENT, unless accompanied by an adult (other than the patient). Fathers with children present will be asked to remain in the waiting room until the end of the exam when they can be brought in to view the baby. Fathers unaccompanied by children are welcome to view the obstetrical ultrasound.

**ULTRASOUND (NO PREPARATION REQUIRED)**

- CAROTID DOPPLER**  **ARM VENOUS DOPPLER**  BILATERAL  LEFT  RIGHT  
 **NECK**  **LEG VENOUS DOPPLER**  BILATERAL  LEFT  RIGHT  
 **SCROTUM**  **MUSCULOSKELETAL:** \_\_\_\_\_  
 **THYROID**

GENERAL INFORMATION

**EXAMINATIONS PERFORMED AT TABER CLINIC**

At the request of Alberta Health Care, you are required to present your Alberta Health Care Card along with a piece of photo identification such as a driver's license or passport.

**CHILD CARE IS NOT PROVIDED.** Please make alternate arrangements.

**NOTIFICATION OF COLLECTION OF PERSONAL HEALTH INFORMATION**

The personal health information that you provide is collected, used and disclosed in accordance with the provisions of the Health Information Act. It is used to provide diagnostic treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the clinic manager.

4900 44 Street, Taber, Alberta

