

HyCoSy and Saline Infusion Sonogram Referrals

Following completion of patient data, please fax your form and referral to 08 9382 1927,
or scan and email with your referral to wis@womensimaging.com.au .
Call us when your next period starts. We will contact you if we need to discuss anything else.

To be completed by patient:

Name & DOB: _____

Telephone: _____

Email address: _____

Referring Dr: _____

Have you been referred for:

1. HyCoSy – to check your fallopian tubes are clear
2. Saline infusion – to check the cavity for fibroids/polyps
or prior to fertility treatment overseas (particularly US)

Have you had a previous pelvic ultrasound? Yes No

If yes, where? Women's Imaging Services

Elsewhere (please state) _____

When was the first day of your last period? _____

How many days do you bleed for? _____

Is your cycle regular (within 2 days)? _____

How long is your typical cycle? _____

(from day 1 to day 1). If irregular, indicate a range.

Are you currently on 'the pill'? Yes No

Are you allergic to Betadine? Yes No

Please note that for HyCoSy procedures, a pelvic scan will usually be required first if one has not been performed in the past 12 months.

Office Use Only

Suitable procedure days: _____

Book: Pelvic - Date scheduled _____

HyCoSy - Date scheduled _____

Saline Infusion - Date scheduled _____

NOTES: