EASTERN RADIOLOGISTS
INTERVENTIONAL RADIOLOGY

2090-A W Arlington Blvd, Greenville, NC 27834
Mon–Fri 7:45am–4pm
252.754.5253 | easternrad.com

Patient Name ________________________ DOB ___ /___ /___ Date ___ /___ /___ MRN __________

CONSULT: UTERINE FIBROID

What brought you to our clinic: ____

____

GYNECOLOGICAL HISTORY:

How old were you when your period first began: ______________________________

How many days does your cycle last? ______________________________

How often is your period? _______ days When was your last period: ______________________________

How many times/day do you change your pad/tampon? ______________________________

Do you experience any of the following:

Heavy bleeding	Severe cramping	Constipation	Pelvic Pressure	Anemia
Severe bloating	Urinary frequency	Painful sex	Pain after sex	

Have you ever missed work because of your period symptoms? YES NO

Do you take medication for menstrual cramps? ______________________________

When was your last OB/GYN and PAP exam? ______________________________

Have you ever had an abnormal PAP smear? YES NO If yes, when? ______________________________

Have you been pregnant? YES NO How many pregnancies? ______________

What birth control method are you currently using: ______________________________

Are planning/hoping to become pregnant in the future? YES NO

Have you ever required a blood transfusion for anemia? YES NO

What medical conditions do you have: Please circle

High blood pressure	Heart disease	DVT/Leg clots	Diabetes
Bleeding disorder	Stroke	Kidney disease	Cancer

Other: ____

What other surgeries have you had: ____

____

What medicines do you take: ____

____

List any medicines or other things you are allergic to: ____

____

Where do you work? If you are retired describe your previous job: ________________________________

____

Are you experiencing any of the following symptoms today? Please circle all that apply

fever /chills	weight loss	decreased appetite	fatigue
rash	itching	easy bruising	jaundice
hearing loss	vision changes	decreased vision	sore throat
shortness of breath	cough	wheezing	bloody cough
chest pain	palpitations	weakness on exertion	leg swelling
nausea/vomiting	constipation	bloody stool	diarrhea
painful urination	bloody urine	decreased urination	incontinence
dizziness	weakness	headache	paralysis
speech changes	confusion	loss of coordination	tremor
joint pain	joint swelling	numbness or tingling	stiffness
anxiety	depression	thoughts of suicide	memory loss
poor sleep			

Hwy 43/5th Street
MacGregor Downs
Heart Drive
Beasley Drive
Arlington Boulevard
Stanton Square
Service Drive
Brody School of Medicine
McDonald's
Hwy 264/Stantonsburg Rd.
Medical Drive
Doctors Park
Vidant Medical Center
ECU Heart Institute
Bethesda Drive
Bowman Gray Dr.
Johns Hopkins Dr.
First Citizens Bank
Doctors Park
Stantonsburg Rd.
Memorial Drive
Bank
Fire Station
Hemby Lane
Moye Blvd.
Spring Forest
Turn onto Hemby Ln & then into parking lot
W.H. Smith Blvd.
Greenville MRI & Breast Imaging Center
Eastern Interventional Radiology
Arlington Boulevard
Arlington Crossing
Firehouse Subs, Tropical Smoothie
Lemongrass, K & W Cafeteria

EASTERN RADIOLOGISTS

Breast Imaging Center
2101 W. Arlington Blvd.
Suite 100

Greenville MRI
2101 W. Arlington Blvd.
Suite 110

Interventional Radiology
2090-A W. Arlington Blvd.

Doctors Park
#9 & #10 Doctors Park

(252)752-5000