

PREGNANCY QUESTIONNAIRE

**ALL FEMALES BETWEEN THE AGES OF 10 AND 60
COMPLETE THIS FORM BEFORE YOUR EXAMINATION**

Your physician has scheduled you for a Radiology/Nuclear Medicine Procedure. These tests involve the use of ionizing radiation. The benefits derived from these tests outweigh the slight risk to you; however, there is a greater risk to a fetus (unborn child). If you are pregnant please make your technologist aware.

- 1. Are you pregnant or nursing or do you suspect that you are pregnant?** yes no
**If pregnancy is suspected a pregnancy test will be ordered prior to any exam that may expose the fetus to radiation or electromagnetic fields.*
- 2. Have you had a hysterectomy or tubal ligation?** yes no
If you answered "NO" to this please answer 3 and 4
- 3. State the date of the start of your last menstrual period:** ____/____/____
- 4. Are you using any type of birth control?** yes no

Patient's Name (print)

Medical Record Number

Patient's or Guardian's Signature

Date

Technologist Signature

Date

TIME

AM
PM

