



RADIOLOGY PREGNANCY SCREENING

Most elective (non-emergency) x-ray examinations should be performed within the first ten (10) days after the beginning of a woman's menstrual cycle to minimize the risk of radiation exposure to a possible early pregnancy. To help us protect you, we request that this form be completed and signed by all female of childbearing age (12-55 years) immediately prior to your scheduled examination. Thank you.

NAME: _____ AGE: _____

1.) Have you had any of the following?

Hysterectomy	Yes ___	No ___
Menopause	Yes ___	No ___
Tubal Ligation	Yes ___	No ___
Vasectomy of sexual partner	Yes ___	No ___

If the answer is "Yes" to any of the above, you need not answer any further questions. Please sign and date the form below.

2.) What method of birth control do you use?

Birth Control Pill Yes ___ No ___

If yes, have you taken all of your pills every day on time for the last month? Yes No

- IUD
- Diaphragm
- Foam
- Sponge
- Depo-Provera
- Birth Control Patch
- Other_____

3.) What was the first day of your last menstrual cycle? _____

Was this a normal period? Yes ___ No ___

4.) Is there any possibility that you may be pregnant? Yes ___ No ___

Do you have any further comments or additions you would like to make?

Please sign and date this form and give to the technologist. Thank you.

Signature: _____ Date: _____

=====DEPARTMENT USE ONLY=====

Technologist_____Technologist Comments_____