

Date: _____

MRN #: _____

This form must be filled out by all females that are between the ages of 12 and 50 prior to any elective radiology procedure that requires the use of radiation. We make every effort to minimize the amount of radiation exposure; however if there is a chance that you may be pregnant or may become pregnant, special lead shielding may be required and in some cases your exam may be delayed until you are not pregnant.

1. Name: _____

Age: _____

2. Have you had a hysterectomy?

Yes: _____ No: _____

3. Have you gone through menopause?

Yes: _____ No: _____

4. What was the beginning of your last menstrual period?

Date: _____

5. Are you currently using any type of birth control?

Yes: _____ No: _____

If "yes" please check the method of birth control below:

A. Birth control pills

Yes: _____ No: _____

B. I.U.D.

Yes: _____ No: _____

C. Tubal ligation

Yes: _____ No: _____

D. Vasectomy (husband)

Yes: _____ No: _____

E. Condoms

Yes: _____ No: _____

F. Diaphragm and foam

Yes: _____ No: _____

G. Norplant

Yes: _____ No: _____

H. Depo-Provera

Yes: _____ No: _____

I. Spermicidal insert

Yes: _____ No: _____

J. Patch

Yes: _____ No: _____

K. None of the above

Yes: _____ No: _____

If none of the above:

6. Have you had sexual intercourse since your last menstrual period?

Yes: _____ No: _____

7. Are you currently pregnant?

Maybe: _____ Yes: _____ No: _____

Patient signature: _____

Date: _____

Witness: _____

Authorization to proceed with exam (if patient may be pregnant):

Physician signature: _____

Date: _____



Muskegee Regional Medical Center
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PATIENT LABEL

DEPARTMENT OF RADIOLOGY
PREGNANCY QUESTIONNAIRE