

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: \_\_\_\_\_

 MUSKOGEE REGIONAL MEDICAL CENTER  
300 Rockefeller Drive • Muskogee, Oklahoma 74401

PATIENT LABEL

**DEPARTMENT OF RADIOLOGY  
PREGNANCY QUESTIONNAIRE**