

X-Ray, CT, and MRI
Pregnancy Questionnaire Females Ages 12-55

Name: _____

MR#: _____

DOB: _____

Age: _____

To your knowledge, are you pregnant? Yes No

If yes, how far along are you? _____

If you are NOT pregnant, when was the date of your last menstrual cycle? _____

Are you presently on some method of birth control? Yes No

If YES, please specify the method: _____

If NO, have you had unprotected sex since your last menstrual cycle? Yes No

Have you had a hysterectomy? Yes No

Have you had tubal ligation or ablation? Yes No

I have answered the above questions to the best of my ability. I have been informed of the potential risks involved if I am pregnant by the technologists. By signing this authorization form, I am giving my consent to proceed with the radiology study that my referring physician has ordered for me today.

Patient Signature: _____

Date: _____

Technologist Initials: _____