



Comprehensive Diagnostic Imaging & Radiology

PREGNANCY QUESTIONNAIRE

The following information is required prior to any _____ examination for the safety of the patient.

Patient Name: _____

Present Age: _____

_____ Procedure: _____

Date of Exam: _____

Last Menstrual Cycle: _____

Pregnant: Yes _____ No _____

Confirmed through physicians' office: Yes _____ No _____

I UNDERSTAND THAT IF I AM PREGNANT AND HAVE _____ TAKEN WHICH EXPOSE MY LOWER TORSO TO _____, IT IS POSSIBLE TO INJURE THE FETUS.

WITH FULL UNDERSTANDING OF THE ABOVE, I DO HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, I AM **NOT** PREGNANT, NOR IS PREGNANCY SUSPECTED OR CONFIRMED AT THIS TIME, AND I WISH TO HAVE _____ EXAMINATION PERFORMED NOW.

Patient signature

Date

Imaging personnel signature

Date