

Pregnancy Status Questionnaire
Individuals aged between 12 – 55 years

Patient Name:

Patient Address:

Patient Date of Birth:

Hospital Number:

Examination:

Your healthcare worker has requested an exam which uses radiation. It is our legal duty to protect you from the effects of radiation. This applies to any pregnancy. Please ask if you would like more information.

Which sex were you registered as at birth? Female / Male (please circle). - ***if Male, proceed to signature***

Have you ever been sterilised or had a hysterectomy: Yes No (*if yes proceed to signature*)

Declaration of last menstrual period (LMP).

Do you have menstrual periods? Yes No (circle as appropriate)

When was the first day of your last menstrual period? _____

Are you or might you be pregnant? Yes No Unsure (circle as appropriate)

I understand the explanation given to me of the possible risk of irradiation in early pregnancy: Yes No (circle as appropriate)

Complete the following if your *period is overdue* or you answered *unsure to the above*.

If you're unsure about your pregnancy status or there is a reason why your period is overdue such as a medical condition or if you're using contraception, please indicate below:

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Patient Name

Patient signature

Date

Staff Name

Staff Signature

Date

Unconscious/ Unresponsive Patients- Referring or Escorting Clinicians override

Name

Role;

Date:

A copy of this form will be stored electronically in your radiology notes in line with data protection regulations. Please let us know if you do not consent to this or any part of this. If pregnancy status cannot be determined, this may delay or prevent the examination today.