













# Pregnancy Screening Form

(Ages 12-55 years)

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

1.) Are you pregnant or do you think you may be pregnant? \_\_\_\_\_ Y \_\_\_\_\_ N  
(If "yes", please notify staff immediately).

2.) Have you had a hysterectomy or are post-menopausal? \_\_\_\_\_ Y \_\_\_\_\_ N  
(If "yes", please sign below).

3.) Have you had a menstrual period within the last 30 days? \_\_\_\_\_ Y \_\_\_\_\_ N  
(If "no", you will need to have a pregnancy test).

4.) Please give the date of the 1<sup>st</sup> day of your last menstrual period. \_\_\_\_\_

5.) Does this date fall within the last 10 days? \_\_\_\_\_ Y \_\_\_\_\_ N  
(If "yes", please sign below).

6.) Are you currently practicing any of the following birth control? \_\_\_\_\_ Y \_\_\_\_\_ N

- A.) Tubal Ligation \_\_\_\_\_
- B.) Partner Vasectomy \_\_\_\_\_
- C.) Oral Contraceptives \_\_\_\_\_
- D.) Condom \_\_\_\_\_
- E.) Diaphragm \_\_\_\_\_
- F.) Foam \_\_\_\_\_
- G.) IUD \_\_\_\_\_
- H.) Other \_\_\_\_\_

7.) If you are NOT practicing any birth control measures, have you had sexual activity since your last menstrual period that may put you at risk of pregnancy? \_\_\_\_\_ Y \_\_\_\_\_ N

I have stated that I am NOT pregnant and request the ordered Imaging procedure be performed.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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NAME: [PatientLast], [PatientFirst]  
ACT#: [PatientId] GENDER: [Sex]  
DOB: [DOB] AGE: [Age]  
DR: [PhyLast], [PhyFirst]  
DOS: [DOS]