



RA0020

AFFIX PATIENT LABEL

PREGNANCY SCREEN FOR FEMALE PATIENTS UNDERGOING RADIOLOGIC EXAMINATION

At Touro Infirmary, we are very interested in assuring maximum protection to our patients when performing x-ray examinations.

PLEASE CHECK ALL STATEMENTS WHICH APPLY TO YOU:

SECTION A:

- Pregnant
- Under 8 years of age or over 60 years of age
- Have had a hysterectomy
- Post Menopausal
- Celibate (no sexual activity)

If you have checked one of the boxes in **Section A**, proceed to **Section C**. If you have not checked a box in **Section A**, proceed to **Section B**.

SECTION B:

Chances of Pregnancy are less likely if you can check off one box listed below:

- You currently take birth control pills
- You utilize an Intrauterine Contraceptive Device
- You have had a tubal ligation (tubes tied)
- You are currently within the first 10 days of your menstrual cycle,
Date of onset of last period: _____

SECTION C:

I understand that this screen will be utilized to determine if x-ray examination will be performed. If unable to check off a box in Section A or B, or if you suspect you may be pregnant, you must notify personnel prior to having x-ray examination performed. It will be the patient and ordering physician's decision whether to proceed with examination.

Patient/Guardian Signature

Date

Witness Signature / Title

ID#

Time/Date