

RADIOLOGY ASSOCIATES

PATIENT INFORMATION SHEET FEMALES SCHEDULED FOR DIAGNOSTIC RADIOLOGY PROCEDURES

It is the policy of Radiology Associates of Tarrant County, PA. to exercise caution in the event that a female patient between the ages of 12 and 50 is scheduled for a diagnostic imaging procedure that utilizes ionizing radiation, intravenous contrast or magnetic resonance since such procedures are potentially harmful to a fetus during pregnancy. Please take a moment to answer the following questions to help us ascertain whether or not you might be pregnant.

Patient Name: _____

- 1) Are you between the ages of 12 and 50? YES ___ NO ___
- 2) Have you had a hysterectomy? (if Yes, stop and sign at bottom) YES ___ NO ___
- 3) Please state the approximate date of your last menstrual period: _____
- 4) Are you currently breast-feeding a child? YES ___ NO ___
- 5) Are you using any of the contraceptive measures below?
Tubal Ligation (Female Sterilization), Essure, Implanon,
Intrauterine Device (IUD), Depo-Provera, NuvaRing,
Vasectomy (Male Sterilization), oral contraception **(Please Circle)** YES ___ NO ___
- 6) I am uncertain of my pregnancy status and I would like to
request a pregnancy test at this facility prior to my imaging study. YES ___ NO ___

FOR UNCLEAR PREGNANCY STATUS (Please initial the appropriate box)

_____ I consent to a urine pregnancy test at this facility.

_____ I have had an official pregnancy test within the last three days and the results indicate that I am: _____Pregnant or _____Not Pregnant
(Where and when performed? _____)

_____ I have decided to reschedule the imaging procedure later on after my pregnancy status has been verified elsewhere.

By signing below, I attest that the above statements are true. I hereby release Radiology Associates of Tarrant County, PA. from liability for any adverse effects that may arise from undergoing diagnostic imaging at this time if I am subsequently found to have been pregnant and I assume responsibility for my decision to undergo this procedure.

Patient/Legal Representative Signature

Date

Printed Name

Witness

Rag Patient Information Sheet Females Scheduled Org Rev 04/10 #2)



* F E M A L E P A T I E N T I N F O S H E E T *