concord imaging

**TEL 210-572-2222**

# Pregnancy Questionnaire

**(Age 12-55)**

## Patient Information

Name: _____ Date: _____

Type of Exam: _____

Please answer the following questions:

Are you pregnant, or do you think you may be pregnant _____**YES** _____**NO**
**(If yes, please call the facility prior to your exam)**

Do you have menstrual cycles? _____**YES** _____**NO**

If **yes**, please answer the following questions:

a. Date when last menstrual period started: _____

b. Are you sexually active? _____**YES** _____**NO**

c. Do you practice birth control? _____**YES** _____**NO**

d. Type of birth control used: _____

I understand the risks of radiation exposure to an unborn fetus and that to the best of my knowledge I am not pregnant and wish to proceed with the prescribed exam.

_____ _____

**Patient's Signature** **Date**