

Pregnancy Status Declaration Form (Adult)

Patient Name			
DOB	//	Procedure	
MRN		Date	//

1. To be completed by female patients of childbearing age undergoing a lowest, low or high foetal dose procedure

Explanation of the risks associated with this procedure

Radiation exposure to a foetus in pregnancy may slightly increase the risk of childhood cancers above the natural baseline level

Is there any possibility that you could be pregnant?	Yes []	No []	Don't Know []
The <u>first</u> day of my last menstrual period was:		/ ,	/

2.To be completed by the patient if:	a) Period is overdue	b) Periods are absent	
c) Last Menstrual Period does not fall within the last 10 days (for a high foetal dose procedure)			
	motion that may accist in		

Relevant information that may assist in RULING OUT pregnancy		
(TICK AS APPROPRIATE ✓ DO NOT WRITE YES / NO)		
Note: *The use of radiotherapy or chemotherapy agents <u>does not</u> rule out pregnancy*		
Pregnancy ruled out because no intercourse since last normal period		
Hysterectomy or Bilateral Oophorectomy (surgical removal of both ovaries)		
Post-menopausal (no menstrual periods for 1 year for women > 50 and 2 years for women < 50)		
Postpartum <4 weeks		
Correctly and consistently using an acceptable method of contraception: (TICK AS APPROPRIATE	✓)	
Consistent and correct use of a Combined Oral Contraceptive Pill / Progesterone Only Pill /		
Transdermal Contraceptive Patch (Evra) / Combined vaginal ring (Nuvaring) within the past 1 month		
Insertion of the contraceptive implant (Implanon) within the previous 3 years		
Insertion of the levonorgestrel Intrauterine System (IUS) (Mirena / Kyleena) within the previous 5 years		
Insertion of the Jaydess Intra Uterine Device (IUD) within the previous 3 years		
Insertion of the Copper Coil Intra Uterine Device (IUD) within the previous 5-10 years (depending on		
expected life of coil)		
Depo-provera injection within the previous 3 months		
Tubal Ligation		

3. Patient Signature	
4. Staff Member Signature	