

**GUIDELINES FOR FEMALE PATIENTS (12-55)
UNDERGOING RADIOGRAPHIC EXAMINATIONS**

It is the ethical and legal responsibility of our department to minimize the possibility of irradiating an unrecognized pregnancy. In accordance with national standards, we require the following information of female patients between and including the ages of twelve (12) and nineteen (19) years. If the information below indicates even the remote possibility of pregnancy, you may be required to undergo a pregnancy test prior to any examination involving radiation to the pelvic area.

1. Are you now pregnant or do you think you might be? YES____ NO____
(If yes, please notify our staff immediately)

2. Please give the first day of your last normal menstrual period : _____

Does this fall within the last ten (10) days? YES____ NO____
(If no, please complete the following)

3. Are you currently practicing any of the following birth control methods?
(Please check the appropriate blank)

Tubal Ligation _____	Partner Vasectomy_____
Birth control pills_____	IUD_____
Nuvaring_____	Diaphragm/Foam_____
Condom_____	Ablation_____
Birth control shot_____	Implant_____
None of the above_____	

4. If you are using one of the methods listed in item 6, have you had a normal period within the last 30 days? YES____ NO____

5. If "NO" or "NONE OF THE ABOVE" have you had any sexual activity since your last menstrual period that may put you at the risk of being pregnant? YES____ NO____

To the best of my knowledge I am not pregnant and request the ordered exams/x-rays be performed.

PATIENT: _____ SIGNED: _____

AGE _____ DATE _____

SIGNED: _____ RELATIONSHIP: _____
(other legally responsible person)

