

DOCUMENTATION OF PREGNANCY STATUS



Patient First & Last Name: _____

Date of Birth: _____ / _____ / _____

Are you pregnant? Yes No Maybe

Are you breastfeeding? Yes No

If there have been more than 10 days which have passed since the first day of your last menstrual cycle, please select from the following choices as to why you would not be pregnant:

- Hysterectomy
- Tubal ligation
- Menopause
- Negative serum pregnancy test
- Birth control pills taken daily without missing any days
- Other form of birth control: _____
- Other: _____

Patient Signature: _____ **Date:** ____ / ____ / ____

TECHNOLOGIST USE ONLY

Action taken if verification not possible (check all that apply):

- Serum pregnancy test ordered. Test Results: Negative Positive
- Radiologist notified
- Ordering provider notified
- Patient injected with consent signed
- Patient to reschedule to next menstrual cycle

Technologist Signature: _____ **Date:** ____ / ____ / ____