Beaumont

Date_____

Imaging Procedure Safety Assessment Form

Patient Number_____

Your physician has referred you for an imaging procedure, which may involve radiation exposure to your body. The physician or technologist is available to explain the procedure and answer any questions you may have.

FEMALE Patients (Childbearing age, 12-55)

Section A.
Are you pregnant? (Please check one)

☐ Yes, If the procedure is not an emergency, we recommend that you wait until the completion of your pregnancy unless, in the judgment of your physician, the test is necessary and/or the radiologist believes there is minimal risk to your child.

☐ No, Maybe or Do Not Know. Please complete Section B. Last Menstrual Period Date:_____

Section B.
The following questions are being asked for the sole purpose of ensuring the safety of an unborn baby (fetus) if pregnancy is at all possible. Please read the following statements and check all that apply to you (3).

	I have had a Hysterectomy or Tubal Ligation
	I am past menopause for at least 2 years (have had no periods for at least 2 years)
	Since my last menstrual period, my only sexual partner has had a vasectomy
	I have been taking birth control pills on schedule for 6 months or longer
	I am using an IUD, Norplant, Depo-provera or Essure method after verification with Hysterosalpinogram, as contraception.
	I have used a condom, diaphragm, vaginal ring or hormone patch regularly for at least 6 months
	I have not had sexual intercourse since the 1st day of my last period
	My menstrual period began less than 10 days ago. Date _____
	I am not sexually active, or I am not sexually active in a way that could result in pregnancy.

If you checked at least one box in Section B. above, we may proceed with most imaging procedures. If you have any concern that you could be pregnant, or are not able to provide the detailed information above for any reason, a pregnancy test will be performed and the results reviewed before the procedure.

Are you Breast-feeding? ☐ No ☐ Yes If yes, you will be given written and verbal instructions on interruption of breast-feeding.

Your signature on this form means the above information is correct to the best of your knowledge.

_____

Patient Signature (Parent or Legal Guardian must also sign if patient is a minor) Date