

Pregnancy Status Declaration Form (Adult)

Patient Name			
DOB	___/___/___	Procedure	
MRN		Date	___/___/___

1. To be completed by all patients undergoing a low or high fetal dose procedure

Explanation of the risks associated with this procedure

I have to ask because radiation exposure 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 []
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The first day of my last menstrual period was:	___/___/___
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2. To be completed by the patient if she has missed a period, if periods are absent or in the case of a high fetal dose procedure, the date of her LMP does not fall within the last 10 days

Relevant information that may assist in ruling out pregnancy (tick as appropriate)

No intercourse since last normal menses	
Hysterectomy <u>or</u> Bilateral Oophorectomy (surgical removal of both ovaries)	
Postmenopausal (no menstrual periods for 1 year for women > 50 and 2 years for women < 50) <u>or</u> < 4 weeks Postpartum	
A patient is correctly and consistently using an acceptable method of contraception (see below)	
Other Reason	

3. Patient Signature

4. Staff Member Signature

Acceptable Methods of Contraception

- Insertion of the contraceptive implant (Implanon) within the previous 3 years
- Insertion of the levonorgestrel Intrauterine System (IUS) (Mirena or Kyleena) within the previous 5 years
- Insertion of the Jaydess IUD within the previous 3 years
- Insertion of the Copper Coil IUD within the previous 5-10 years (depending on expected life of coil)
- Depo-provera injection within the previous 3 months
- Tubal Ligation
- 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

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