

PREGNANCY QUESTIONNAIRE

This form is for the use of married and unmarried women between 12 and 50 years of age who require CT or MRI imaging.

Patient Name: _____ **Age:** _____

I am within 10 days of my last menstrual period.

I have had a surgical sterilization, hysterectomy or am post-menopausal.

I unequivocally deny the possibility of pregnancy (i.e. sexually inactive, reliable form of birth control).

If nothing checked above, perform urine pregnancy test.

Patient Signature: _____ **Date:** _____