



**GUIDELINES FOR FEMALE PATIENTS (12-19)
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?
(If yes, please notify our staff immediately) YES___ NO___

2) Please give the first day of your last normal menstrual period

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

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)