NAVAL HOSPITAL BREMERTON PRE-EXAMINATION PREGNANCY DETERMINATION QUESTIONNAIRE AND CONSENT

PATIENT: _____ **PATIENT PREFIX AND SPONSOR SSN:**_____

DATE: _____ **TIME:** _____ **RADIOLOGY TECHNOLOGIST:**_____

PART 1: ***Policy and Instructions Regarding Pregnancy Determination and Consent***

All radiology technologists, prior to performing an abdominal, pelvic or hip radiograph (including fluoroscopy) or abdominal or pelvic CT examination, must query female patients of reproductive potential (e.g., age 12-50) about the possibility of pregnancy. This form will be properly filled out before making any radiation exposure. The examination may proceed only if the patient's last complete menstrual period started less than 4 weeks prior to the examination date and if the patient responds "no" to the second question in Part 2 of this form. If either condition is not met, a radiologist must be notified before proceeding with the study or consent must be acquired for a pregnancy test. The radiology technologist must proceed according this policy unless specific instructions are received from the radiologist. If a required pregnancy test is refused, the radiologist will provide instructions on how to proceed.

The radiology technologist will scan this completed document and place an electronic copy in the document section of the picture archiving and communications system (PACS). This original signed informed consent form shall then be delivered to medical records.

PART 2: ***Pregnancy Determination***

For female patients of reproductive age (postmenarche to menopause; e.g., age 12-50), record the patient's response to the following two questions:

1. **What was the first day of your last complete menstrual period?** _____(MM/DD/YYYY)

2. **To the best of your knowledge, are you pregnant or do you think you could be pregnant?**
   Yes _____ No _____ Possibly/Not sure _____

Patient/guardian signature: _____ **Date:** _____

Urine pregnancy testing required (per instructions in Part 1)? Yes _____ No _____
Verbal consent for pregnancy test received from: Patient _____ Guardian _____
Pregnancy test result: Negative _____ Positive _____
Pregnancy test date: _____ **Pregnancy test site (e.g., NHB):** _____
*****If the pregnancy test is positive or if the patient is potentially pregnant but a pregnancy test is not performed for any reason, then part 3 of this form must also be completed.**

PART 3: ***Informed Consent for X-Ray and Computed Tomographic (CT) Examination of Pregnant or Potentially Pregnant Patients***

To the patient:
This informed consent form applies only to single examination diagnostic radiographic studies and single-phase abdominal-pelvic CT studies. You are scheduled for an X-ray examination of your body. You and your unborn child will be exposed to X-rays. The risk to you is very small. The examination might slightly increase the possibility of cancer later in the child's life, but the actual potential for a healthy life is very nearly the same as that of other children in circumstances similar to yours. The examination does not add to risks for birth defects. Your physician has considered the risks associated with this examination and believes it is in your and your child's best interests to proceed. Any questions you have regarding this examination that are not completely answered by the referring physician should be directed to the radiologist.

Radiologist or referring physician: _____ **Date:** _____

I have read and fully understand the above and hereby give my consent to have an X-ray or CT examination performed. I have been informed of the estimated risks to my embryo or fetus.

Patient/guardian signature: _____ **Date:** _____