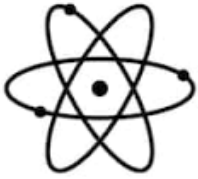
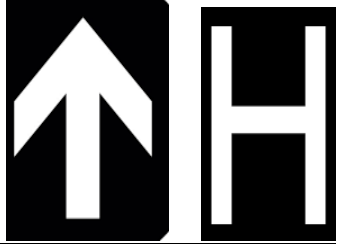


**SHSCT PREGNANCY & BREAST FEEDING STATUS
CHECKLIST FOR PATIENTS RECEIVING HIGH DOSE NUCLEAR MEDICINE EXAMINATION
(POTENTIALLY REQUIRING CT)**

It is the responsibility of the operator making the exposure to explain to the patient the risk associated with radiation to the unborn child, confirm the pregnancy status has been checked and complete this form.



Affix Patient Doc Scan Label Here



This section **must** be completed for individuals of child bearing capacity aged 10-55 years for a radioactive isotope procedure in which there is the possibility of CT to the pelvis/abdominal area. This section must be completed by the radiographer with the patient.

For patients aged 10-12 years the parent/guardian should be asked if menstruation has started. Parent signs.
For patients aged 13-16 years the question should be asked in the presence of the parent/guardian. Parent and child signs

Q1. Have you started your periods? Yes Go to Q2 No Sign at end of form
Q2. Do you still have periods? Yes fill in date below No fill in date below and select a reason why you no longer have periods from Q3

What was the date of the first day of your last menstrual period? _____
If within 10 days of start of period, sign at end of form and continue with examination, if outside 10 days go to Q3

Q3. If more than 10 days from start of last period, is there a possibility that you may be pregnant?

Definitely NOT pregnant (see below) Maybe pregnant (see Q4) Definitely pregnant (see Q5)

If you have stated above that you are definitely not pregnant, but it is more than 10 days from the start of your period please select one of the following reasons how you know you are not pregnant, sign at end of form and continue with examination.

Abstinence(Not sexually active)	<input type="checkbox"/>	Depo Provera within last 12 weeks	<input type="checkbox"/>
Hysterectomy	<input type="checkbox"/>	Mirena IUCD	<input type="checkbox"/>
Post- Menopausal	<input type="checkbox"/>		
Patient Sterilised	<input type="checkbox"/>		

Q4. If unable to satisfy any of the above, a blood serum test should be performed.

Blood Serum test: Date performed: _____ Result: Negative Positive if positive, go to Q5

Have you been sexually active since test: Yes contact radiologist (see Q5) No sign at end of form and proceed With examination

Q5. If the patient is pregnant, review and justify the examination before continuing (duty of radiologist).

Proceed with examination? Yes No

Practitioner's signature _____ Print and date _____
The benefit/risks of the examination have been explained to me and I am happy to proceed

Signature of patient _____ Date _____
Signature of parent _____ Date _____

Q6. Breast feeding status Are you breast feeding? Yes No Full radiographer signature _____