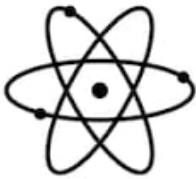
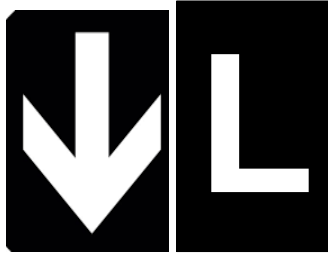


**SHSCT PREGNANCY & BREAST FEEDING STATUS  
CHECKLIST FOR PATIENTS RECEIVING LOW DOSE NUCLEAR MEDICINE EXAMINATION  
(NO POTENTIAL OF CT TO THE ABDOMINAL/PELVIC AREA)**

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 no potential of CT to the abdominal/pelvic area (sentinel node examinations are exempt from LMP enquiry). 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 28 days of start of period, sign at end of form and continue with examination, if outside of 28 days go to Q3

Q3. If more than 28 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 28 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.

<input type="checkbox"/> Patient Sterilised	<input type="checkbox"/> Combined Pill	<input type="checkbox"/> Condom/Diaphragm	<input type="checkbox"/> Depo Provera within 12 weeks
<input type="checkbox"/> Hormone Implant	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> IUCD	<input type="checkbox"/>
<input type="checkbox"/> Post-partum	<input type="checkbox"/> Premenstrual	<input type="checkbox"/> Post-Menopausal	<input type="checkbox"/> Abstinence (not sexually active)
<input type="checkbox"/> Progesterone only pill	<input type="checkbox"/> Negative Icon	<input type="checkbox"/> Mirena Coil	<input type="checkbox"/>

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

Urine pregnancy test: Date performed: \_\_\_\_\_ Result: Negative  sign at end of form, proceed with examination  
Positive  go to Q5

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  Radiographer full signature \_\_\_\_\_