

**SHSCT PREGNANCY STATUS  
CHECKLIST FOR PATIENTS UNDERGOING LOW DOSE EXAMINATIONS**

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 that the pregnancy status has been checked and the form below completed.



fix Patient Doc Scan Label Here



This section must be completed for individuals of child bearing capacity aged 10 - 55 years when the uterus lies in or near the primary beam.

This section must be completed by the radiographer with the patient.

For patients aged 10-12 years the parent or 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 or guardian. Parent and child signs.

Q1. Have you started your periods/do you have periods? Yes  No

Q2. What was the date of the first day of your last menstrual period? \_\_\_\_\_

Q3. Is your menstrual period overdue? Yes  No

If answer to Q3 is NO, please proceed to signing and dating form below.

If answer to Q3 is YES, please proceed to Q4 and sign and date below

Q4. Are you or might you be pregnant?

Definitely NOT pregnant  Definitely pregnant/Might be pregnant

If you have stated above that you are definitely not pregnant but it is more than 28 days from the start of your last period please select one of the reasons below how you know you are not pregnant.

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

Date of performing Blood serum test: \_\_\_\_\_

Have you been sexually active since your Negative icon/Blood serum test: Yes  No

Full Signature of patient: \_\_\_\_\_ parent/guardian: \_\_\_\_\_ Date: -

Theatre patient – negative pregnancy test date (as per theatre care pathway): - \_\_\_\_\_

Full Signature of Operator \_\_\_\_\_

Please detail approved reason for proceeding with examination as entered in RIS \_\_\_\_\_

If patient pregnant or might be pregnant, review and justify before continuing (duty of radiologist).

Proceed with examination? Yes  No

Full Signature of Practitioner \_\_\_\_\_