

## CHI PREGNANCY STATUS DECLARATION FORM:

Patient Name			
DOB	_/_/____	Procedure	
MRN		Date	_/_/____

**We request that you complete the form below and hand it to the radiographer when the patient is called.**

<b>1. To be completed by the Parent/Guardian of patient or patient over the age of 16 undergoing a high/low foetal dose procedure</b>			
<b>Explanation of the risks associated with this procedure</b>			
<p>We are <b>legally obliged</b> to establish the patient's pregnancy status in advance of this procedure. X-rays have the potential to be harmful to the unborn child. Although the risk is generally low, it is important to reduce this risk by limiting radiation exposure.</p> <p>It is very important that you inform staff performing the procedure if there is <b>any</b> possibility the patient is pregnant.</p>			
Has the patient started menstruating?  If No, please proceed to the end of the form and sign	Yes [ ]	No [ ]	
Is there any possibility the patient may be pregnant?	Yes [ ]	No [ ]	Don't Know [ ]
If pregnant, how many weeks?			
The <b>first</b> day of the patients last menstrual period was:	_/_/____		

<b>2. Parent/Guardian/Patient over 16's Signature</b>	Print Name: Signature:
<b>3. Clinician Signature</b>	Print Name: Signature:
<b>4. Radiographers Signature</b>	Print Name: Signature:

**For staff only:**

**Does this examination follow the 10 day rule or 28 day?**

10                       28