



Elevation Medical  
I M A G I N G

## Elevation Medical Imaging Screening Pregnancy Form

Patient Full Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

The order your doctor submitted, or a screening standing order, utilizes ionizing radiation. It is the policy of Elevation Medical Imaging to ask all patients from 11-55 years old about pregnancy status before administering ionizing radiation. The possibility of harm to an unborn fetus depends on gestational age. An unborn fetus is more sensitive to radiation during their early development, between 2 weeks and 16 weeks of a pregnancy. We ask that if you think you are pregnant that you contact your doctor to talk about positive pregnancy testing and the resulting possible side effects and risk versus the benefits of the procedure.

To the best of my knowledge, I am **NOT PREGNANT** or do **NOT** believe that I may be pregnant.

- Have you had hysterectomy or tubal ligation? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Date of your last menstrual cycle? \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

I know or believe that I may be **PREGNANT** and fully understand the risks and health effects potentially caused to my unborn baby.

- Physician that discussed fetal risks: \_\_\_\_\_
- Date discussed: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Elevation Medical Imaging Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_