



Female Questionnaire

Are you currently breastfeeding? Yes No

Please initial any of the following that apply:

- _____ I have had a bilateral tubal ligation
- _____ I have had a hysterectomy
- _____ I am post-menopausal, with no menses for at least one year

If none of the above apply:

_____ Urine pregnancy (HCG) test results are recommended (We do not actually perform pregnancy tests in our facility)

Date/Time: _____ Results: _____

Or the pregnancy waiver must be initialed

Pregnancy Waiver:

_____ Valley Imaging Center recommends a pregnancy test is done beforehand unless I am menopausal, have had a hysterectomy, or bilateral tubal ligation. I understand that the purpose of this test is to prove that I am not pregnant. If I decline to have had a pregnancy test prior to my appointment I understand that I am exposing a fetus to radiation of any type, including x-rays, and/or contrast, which may be hazardous, especially during the first three months of pregnancy. The risks include potential deformities, malformations, and spontaneous miscarriage.

Patient/Legal Guardian Signature

Date

Time

Technologist's Signature

Date

Time