ViaScan of Las Colinas

Questionnaire for Women Under Age 50

Date of Scan: _________________________

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Last Name First Name Age

For elective scheduling of radiology procedures, this form must be completed for/by all females between the ages of 12 and 50 years of age. We make every effort to minimize radiation exposure in all patients. However, if there is any chance that you could be pregnant, special lead shielding may be necessary or your scan may be delayed until there is definitive knowledge that you are not pregnant.

If you are a woman between the ages of 12 to 50, please respond to the following questions:

1. Have you had either a partial or full hysterectomy? ☐Yes ☐ No
2. Or are you post-menopausal? ☐Yes ☐ No
3. Beginning date of last menstrual period: _______/_______/_______
4. Are you on any type of birth control? ☐Yes ☐ No ☐ N/A
5. If "Yes", please indicate which type:
   a. Birth Control Pills (all types) ☐Yes ☐ No ☐ N/A
   b. Vaginal Ring ☐Yes ☐ No ☐ N/A
   c. Diaphragm and foam ☐Yes ☐ No ☐ N/A
   d. IUD ☐Yes ☐ No ☐ N/A
   e. Condoms (Male or Female) ☐Yes ☐ No ☐ N/A
   f. Birth Control Patch ☐Yes ☐ No ☐ N/A
   g. Birth Control Implants ☐Yes ☐ No ☐ N/A
   h. Tubal Ligation ☐Yes ☐ No ☐ N/A
   i. Husband had Vasectomy ☐Yes ☐ No ☐ N/A
   j. Emergency Contraceptions ☐Yes ☐ No ☐ N/A
   k. None of the Above ☐Yes ☐ No ☐ N/A

6. Have you been sexually active since your last period? ☐Yes ☐ No ☐ N/A
7. Do you know with a high degree of confidence that you are not pregnant?

☐Yes ☐ No ☐ Maybe

________________________________ ________________________________

Patient Signature Witness