CHI PREGNANCY STATUS DECLARATION FORM:

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

1. To be completed by the Parent/Guardian of patient or patient over the age of 16 undergoing a high/low foetal dose procedure

   Explanation of the risks associated with this procedure

   We are **legally obliged** 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.

   It is very important that you inform staff performing the procedure if there is any possibility the patient is pregnant.

   Has the patient started menstruating?
   
<table>
<thead>
<tr>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
</table>
   If No, please proceed to the end of the form and sign

   Is there any possibility the patient may be pregnant?
   
<table>
<thead>
<tr>
<th>Yes [ ]</th>
<th>No [ ]</th>
<th>Don’t Know [ ]</th>
</tr>
</thead>
</table>
   If pregnant, how many weeks?

   The **first** day of the patient’s last menstrual period was: ___/___/_____

2. Parent/Guardian/Patient over 16’s Signature

   Print Name: 
   Signature:

3. Clinician Signature

   Print Name: 
   Signature:

4. Radiographers Signature

   Print Name: 
   Signature:

For staff only:

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

10 [  ]  28 [ ]