

Pregnancy Questionnaire

This informational questionnaire is designed for female patients between the ages of 12 and 50, inclusive, who are requested to undergo radiological procedures. These radiological exams, performed during pregnancy, may subject the developing embryo or fetus to potentially harmful effects. I understand the risk involved and have had the chance to have questions answered.

Have you had a hysterectomy (uterus removed)? YES____ NO____

Have you had a tubal ligation (both tubes tied)? YES____ NO____

Have you had both ovaries surgically removed? YES____ NO____

Are you presently taking birth control pills? YES____ NO____

Is there any possibility that you could be pregnant? YES____ NO____

By signing this form, you are affirming that you have answered these questions to the best of your ability, and are consenting to have your radiology procedure performed as prescribed by your physician, with the knowledge of the potential harmful effects to an existing pregnancy.

Furthermore, you fully understand that you may refuse to have this radiology procedure performed without any obligation to Ocala Kidney Group.

By signing this form, I acknowledge that I will hold harmless and indemnify the Ocala Kidney Group/Dialysis Vascular Access Center against any and all claims and actions arising out of participation in this radiologic exam, including, without limitation, Expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from participation in this radiologic exam.

Signature_____

Date_____

Witness_____

Date_____