



PREGNANCY QUESTIONNAIRE

Patient Name: _____ DOB: _____

As A female of childbearing age, you must be aware that harm or damage may occur to any unborn fetus during certain radiological procedures performed at Primero Med, LLC. Therefore, if you are pregnant all precautions must be taken to prevent harm to the unborn fetus, which typically includes not performing any radiological procedures on the pregnant mother.

In order to protect you, and to prevent any such harm, it is required that you provide accurate and truthful information about all pregnancy related information including the following:

- I have not been sexually active
- I am on birth control
- I am pregnant
- I am not pregnant; LMP _____
- Hysterectomy

I attest that all of the information that I have provided to Primero Med, LLC. is truthful and accurate. If any such information is not accurate, I will hold Primero Med, LLC, my physician _____; and all of their affiliates, harmless and not responsible for any and all claims for damages of any type (this expressly includes all claims of negligence) arising from any alleged harm to an unborn fetus, or any harm to me as a result of miscarriage and/or other harm to the unborn fetus.

I believe that I may be pregnant, I understand that it is my obligation to obtain a pregnancy test before any radiological test performed by Primero Med, LLC.

Date: _____ Time: _____ AM / PM

Signature of Patient or Other Person
Legally Authorized to Consent for Patient

Relationship to Patient

Witness Name

I hereby refuse to submit to pregnancy testing and accordingly. I release and hold harmless Primero Med, LLC, together with their affiliates from any damages or liability which may result from the radiological service at issue, including any claims for negligence or any other claim that I may have in law or in equity.

Date: _____ Time: _____ AM / PM

Signature of Patient or Other Person
Legally Authorized to Consent for Patient

Relationship to Patient

Witness Name