



PREGNANCY CONSENT FORM

INFORMED CONSENT TO PROCEED WITH CT PROCEDURE DURING PREGNANCY

Patient Name: _____ Date: _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS:
FEMALE ONLY 1-4**

1. Are you pregnant or any chance you may be: _____
2. Date of the start of your last period: _____
3. Are you on any type of Birth Control? _____
4. Are you trying to get pregnant? Yes / No

This consent form is to inform you that Computed Tomography (CT) procedure you are having today is at a possible risk to your unborn child/fetus. By signing this you are consenting to understanding all off the information below and having asked questions needed to understand the risk associated with the procedure. The involved risk with the CT procedure of the fetus to radiation has the risk of causing very low fetal abnormalities of demise. CT procedure of pregnant patients is carried out when patient's physician has decided that the advantages of CT outweigh the potential risk.

I, _____, have read the above warning and understand the potential harmful effects to my unborn fetus. I consent to have this CT procedure as prescribed by my physician. I acknowledge that I have been given the opportunity to ask all questions and that all questions have been answered to my satisfaction. Furthermore, I fully understand that I may refuse to have this CT procedure conducted on me without any obligation to Heart of Texas Healthcare System, owners, and employees. Also, I agree that I will hold harmless Heart of Texas Healthcare System, owners, and employees should I, or my fetus, experience any negative effects from this CT procedure.

Signature of Person Giving Consent

Date

Printed Name of Person Giving Consent

Signature of Witness to Person Giving Consent

Relationship

Technologist

Date