



PREGNANCY QUESTIONNAIRE

Name: _____

Date of Birth: _____

Age: _____

Date of last menstrual period: _____

Are you pregnant: Y N

Are you trying to become pregnant: Y N

RELEASE OF RESPONSIBILITY

To the best of my knowledge, I am not pregnant and I release The Woodlands Open MRI & Imaging Center from all responsibility in connection with a possible pregnancy.

Your signature indicates that you have read, understood, and answered all of the above and accept responsibility with exposure to yourself or your unborn child and have accurately answered the above statements.

Patient Signature: _____

Date: _____