



Orange County Diagnostics
Offices: Mission Viejo, Ladera Ranch and Laguna Woods

Office Use Only MRN _____

**FEMALE QUESTIONNAIRE
FOR PATIENTS IN CHILDBEARING AGE
(AGE 12-50)**

All female patients within the age range indicated must complete this form when having an X-ray, CT scan, Mammo or MRI.

IT IS IMPORTANT TO NOTIFY THE RECEPTIONIST OR TECHNOLOGIST IF THERE IS ANY CHANCE YOU MAY BE PREGNANT.

1 Last menstrual period began: _____

2 Could you be pregnant? Yes No

3 Have you had a hysterectomy? Yes No

PRINT NAME: _____

SIGNED: _____

DATE: __ / __ / ____

<i>24301 Paseo De Valencia Suite 100 Laguna Woods, CA 92637 949-859-0400 Phone 949-859-0414 Fax</i>	<i>600 Corporate Drive , Suite 110 Ladera Ranch, CA 92694 949-364-5716 Phone 949-364-5777 Fax</i>	<i>27725 Santa Margarita Parkway, #101 Mission Viejo, CA 92691 949-462-3999 Phone 949-462-3777 Fax</i>
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