

Nuclear medicine therapy

Inclusive pregnancy and breast/chest feeding enquiry form



Patient identification details: name, date of birth, hospital/NHS number (sticker)

Your clinician has requested treatment that requires an exposure to radiation. As radiographers, it is our professional duty and legal responsibility to ensure that we protect individuals from unnecessary exposures to radiation. This is particularly relevant when considering any potential risk to pregnancy where there is greater risk from the harmful effects of radiation.

As you are **aged between 12 and 55 years old**, please answer the following questions.

1. Which sex were you registered as at birth? **Female** / **Male** (circle)

If you are aware that you were born with a physical variation in your sex characteristics (VSC), also known by the terms diverse sex development (DSD) or intersex, please let the radiographer/technologist know. This can be discussed privately if you wish.

Only answer the following if you have answered Female above, and/or have a VSC with the potential of pregnancy or if you have potential to breast/chest feed:

2. Are you or might you be pregnant? **YES** / **NO**

3. Are you breastfeeding? **YES** / **NO**

Write your initials in the boxes below to show that you have read and understood the following statements.

It is important to ensure you do not become pregnant during your treatment. It is your responsibility to inform your doctor/healthcare professional if you are unsure of your pregnancy status or if it changes during your treatment and restriction period.

Please follow the restrictions that your healthcare professionals give you, and refrain from becoming pregnant, making somebody pregnant, or breastfeeding for the period of time.

Please be aware that you might still be able to become pregnant or make somebody pregnant if undergoing gender affirming hormone therapy.

Patient signature _____ Date _____

Staff signature _____ Date _____

Making enquiries about pregnancy and breastfeeding is a legal requirement. With your permission, a copy of this document will be stored electronically with your clinical notes. All your personal data is managed in line with data protection regulations. Please inform a radiographer/technologist if you do not consent, or consent to only part of this information being stored. Please note, we might not be able to continue, or it could delay your treatment, if we are unable to confirm your pregnancy status.