

Casa View Chiropractic Clinic, Inc.

PREGNANCY WARNING & CONSENT TO X-RAY (Advertencia de Embarazo y Consentimiento a Radiografias)

I understand that if I am pregnant and have X-rays taken which expose my lower torso to radiation, it is possible to injure the fetus.

(Entiendo que si estoy embarazada y mi toman radiografias en el torso bajo, hay posibilidad de danar el feto)

I have been advised that the 10 days following the onset of a menstrual period are generally considered to be safe for X-ray examination.

(Se me ha advertido que generalmente se considera sin peligro tomarse radiografias diez dias despues de terminar el periodo menstrual.)

With those factors in mind, I am advising my doctor that:

(Sabiedo estos factores, le indico a mi doctor que:)

	Yes (Si)	No (No)	Don't Know (No Se)
I am pregnant. <i>(Estoy embarazada.)</i>	[]	[]	[]
I could be pregnant. <i>(Podria estar embarazada.)</i>	[]	[]	[]
I am late with my menstrual cycle. <i>(Se me ha atrazado el periodo menstrual.)</i>	[]	[]	[]
I am taking oral contraceptives. <i>(Estoy tomando contraceptivos.)</i>	[]	[]	[]
I have an IUD. <i>(Tengo un IUD (disco interno))</i>	[]	[]	[]
I have had a tubal ligation. <i>(Tuve ligacion de tobos)</i>	[]	[]	[]
I have had a hysterectomy. <i>(He tenido una histerotomia.)</i>	[]	[]	[]
I am post-menopausal. <i>(Estoy en la post-menopausia.)</i>	[]	[]	[]
I have irregular menstrual periods. <i>(Tengo periods menstruales irregulares.)</i>	[]	[]	[]

My last menstrual period began on: _____

(Mi ultimo periodo menstrual comenzo el dia :)

With full understanding of the above, and believing that I am not currently at risk, I wish to have an X-Ray Examination performed.

(Con complete o entendimiento de lo que dice arriba, y creyendo que no corro peligro, deseo que se me tomen las radiografias.)

Signature of Patient *(Firma del Paciente)*

Date *(Fecha)*

Signature of Witness *(Firma del Testigo)*

Date *(Fecha)*

FORM MUST BE **SIGNED IN OFFICE** AND **WITNESSED** BY OFFICE STAFF