



1100 S. Van Dyke
Bad Axe, Michigan

PREGNANCY QUESTIONNAIRE

Today's Date: _____

WHEN WAS YOUR LAST MENSTRUAL PERIOD?

Date: _____

ARE YOU PREGNANT? Yes: _____

No: _____

PATIENT'S SIGNATURE: _____

PREGNANCY TEST:

Date: _____ Yes: _____ Positive: _____

No: _____ Negative: _____

REFERRING PHYSICIAN NOTIFIED:

Yes: _____

No: _____

APPROVAL FOR EXAMINATION BY REFERRING:

Yes: _____

No: _____

TECHNOLOGIST'S SIGNATURE: _____