RADIOLOGY DEPARTMENT

University Hospitals Bristol and Weston NHS Foundation Trust

HSG Patient Questionnaire and Pregnancy Test Record

Patient Label Here

1. When was the first day of your LMP? _ _ / _ _ / _ _. Day of cycle_____
2. Have you abstained from sexual intercourse since this date? **Y** **N**
3. Have you been given antibiotics and taken these prior to the procedure? **Y** **N**
4. Do you have any allergies? **Y** **N**

   Substance …….. Reaction ……..

As far as I am aware, I am not pregnant Date……..

Signed by Patient: ……..

Pregnancy test result: ..... Date …….

Signed by Staff :…… Print Name ……
