

HSG Examination checklist

Date			
Patient Name			
Date of birth			
Hospital Number			
Verbal consent to procedure including radiation dose	Yes / No	First day of LMP	

DIAGNOSTIC EXAMINATION OF WOMEN OF REPRODUCTIVE CAPACITY INFORMATION

The examination you are going to have involves having an x-ray (radiation) to your uterus (womb) and outlining it using x-ray dye
 This could be harmful to a developing foetus (unborn baby), so we have to make sure that you are not pregnant.

Please read the following statements and check that they apply to you.

There is no chance you could be pregnant because:

1. You have not had intercourse/undergone fertility treatment which could result in Pregnancy and are within 28 days of the first day of your last period and have finished bleeding.
2. Your last period was normal

Declaration

I have read and understood the Diagnostic Examination of women of Reproductive Capacity information sheet and declare that I satisfy one or more of the criteria and therefore have no reason to believe I am/or may be pregnant

Patient Signature: _____

Print Name: _____

Date: _____

Radiographer/Nurses/Assistant Practitioner Signature: _____

If there is any possibility of pregnancy, this must be discussed with us and you will not be able to have the x-ray examination today. Another appointment may be given to you for a date when you can be sure you are not pregnant.

Please note that a standard pregnancy test is NOT reliable if it is done BEFORE the period is due.

Allergies	Contrast Yes/No Other Yes/None known	If Yes Please state	Current Medication		
Previous abdominal surgery		Comments			
Yes / No					
Drug administration	Dose/volume	route	Given by	Checked by	Time/date
Metronidazole	400mg	oral			
Omnipaque 300		Intra-uterine			
The above-named drugs are administered under pgd by the named professional					YES / NO