Cardiovascular Diagnostic Center, APMC

Questionnaire for all Female Patients

Patient's name ______________________________ Patient ID# ____________

1. Are you (Check appropriate box)
   - ❑ Post -menopausal
   - ❑ Pre-menopausal, surgically sterile (e.g. hysterectomy, tubal ligations, etc.)
   - ❑ Pre-menopausal, not surgical sterile. If so, are you or do you think you might be pregnant?
     - ❑ Yes
     - ❑ No

   The date of your last menstrual cycle was: ________________

2. Are you currently breast-feeding?
   - ❑ Yes
   - ❑ No

Patient's Signature ______________________________ Date: ____________