


Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-018	
Document Title	Guidance on Inclusive Patient Questioning	

Information for Staff and Patients – Inclusivity Questions on Patient Forms

Why do we need an Inclusive Patient Questionnaire (IPQ) for all patients aged 12 years and over?

There have been an increasing number of radiation incidents across the UK involving patients that have transitioned from their birth sex to a different gender. Incidents that have occurred include:

- Exposing a foetus to ionising radiation in a pregnant patient that had transitioned from female to male (the patient still had female reproductive organs).
- Performing a CT scan on a patient that had transitioned from male to female after an Ultrasound scan showed a mass in the pelvic area. This mass was later found to be the patient's prostate.

Clinical risks include:


- Incorrect image interpretation
- Unnecessary radiation exposure to the patient
- Unnecessary radiation exposure to a foetus if the patient is pregnant
- The risk to a baby being breastfed or chestfed after the study

To minimise the risk of clinical or radiation incidents we are informing the patients of the clinical risk that may occur if they do not share any relevant information relating to their sex or gender with the healthcare worker performing their study. The patient is then providing any relevant information, and signing the document and taking responsibility for the information provided to us.

Why are pregnancy and Breastfeeding / Chestfeeding questions being asked of patients who identify as female?

Patients that have transitioned from male to female and are taking female hormones are physically able to lactate. There is the possibility that they may be breastfeeding / chestfeeding at the time of the study being performed, which could cause a risk to the child.

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Small, Sandy	1	29/06/2023	29/06/2026	1 of 2
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Anatomical Image Interpretation (This section applies to all patients aged 12 years and over)

If you identify as a different gender to that registered at birth and this information is not known to us it could cause a clinical risk to yourself and others*

1. Do you identify as a different gender from your sex registered at birth? ☐ Yes ☐ No

Only proceed to answer questions 2 and 3 if the patient has answered Yes above

2. What sex were you registered at birth? ☐ Male ☐ Female

3. Have you had any related surgery we should be aware of? ☐ Yes ☐ No

4. Are there any questions you have before we proceed with your study? ☐ Yes ☐ No

Information provided by patient:

Patient's signature**

Pregnancy and Breastfeeding / Chestfeeding (This section applies to all patients aged 12 - 55 years that were registered as Female at birth, or identify as Female)

1. Is there any possibility that you may be pregnant? Yes¹ ☐ No ☐

2. Is there any chance that your period is late? *** Yes ☐ No ☐

3. Are you breastfeeding / chestfeeding? Yes² ☐ No ☐

Patient's signature**

1. I am pregnant and have received details on the risks from this test ☐ Yes ☐ No

2. I have received details on the interruption of breastfeeding / chestfeeding ☐ Yes ☐ No

(if patient ticks no please ensure guidance is provided)

* Refer to information on front of this document - "Information for staff and patients – Inclusivity Questions on Patient Forms"

** I consent to the information provided being recorded on the hospital Radiology Information System

*** EP-8 allows for this question to be replaced with "What is the date of the first day of your last period?"

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Small, Sandy	1	29/06/2023	29/06/2026	2 of 2
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