

CT Patient Questionnaire for IV contrast

Name: _____ D.OB. ____/____/____ Age: _____ Sex: M/F
(Last) (First)

Asthma/Allergy History

- Have you had an asthma attack in the last 24 hours?..... Yes___ No___
- Do you use an asthma inhaler every day or an oral asthma medication every day? Yes___ No___
- Have you ever been hospitalized for asthma?..... Yes___ No___
- Have you ever had a severe allergic reaction requiring hospitalization, or epinephrine?.... Yes___ No___

Contrast Allergy or Contrast Reaction History

- Have you ever had an allergic or any other type of reaction to x-ray contrast (x-ray dye?) Yes___ No___
- If yes, what reaction did you have? _____

Steroid Premedication History

- Have you ever taken or been instructed to take a steroid medication?..... Yes___ No___
in preparation for any x-ray with contrast (x-ray dye?)
- If yes, have you taken a steroid medication in preparation for today's exam?..... Yes___ No___

Kidney Function History

- Do you have a history of renal disease including: Circle all that apply..... Yes___ No___
Dialysis, transplant, single kidney, renal cancer or renal surgery?
- Do you have high blood pressure requiring medication?..... Yes___ No___
- Do you have diabetes? Yes___ No___ Do you take Metformin containing drugs?..... Yes___ No___
(these are drugs for diabetes, if you are unsure discuss with the technologist)

Cardiac History

- Do you have angina or congestive heart failure?..... Yes___ No___
- Do you have severe aortic stenosis?..... Yes___ No___
- Do you have primary pulmonary hypertension? Yes___ No___
- Do you have severe cardiomyopathy?..... Yes___ No___

Myasthenia Gravis: History of prior diagnosis?..... Yes___ No___

Multiple Myeloma: History of prior diagnosis?..... Yes___ No___

Nursing

- Are you nursing a child? Yes___ No___

It is generally regarded as safe to continue breastfeeding after receiving contrast. It is your choice however and, if you are still concerned, you may stop for 24 hours following the contrast injection.

Intravenous Contrast-Your physician has requested that we perform a computerized tomography (CT) scan. In certain cases the radiologist may determine that the usefulness of you CT scan may be improved by administering intravenous iodinated contrast. Most patients experience no unusual effects from this injection other than some warmth or minimal flushing which is very common. As with the injection of any medicine or drug however, a few risks are involved, most of which are mild and momentary: slight nausea, or medicinal or metallic taste in the mouth. There can also be minor reaction such as itching, sneezing or a few hives. Uncommonly there can be more serious reactions including kidney failure, thrombophelbitis, skin necrosis and in extremely rare case, death. Our facilities are equipped to immediately treat these unusual reactions. In ordering this study, your doctor has determined that the diagnostic information which is provided outweighs the risk (usually minimal) of the procedure. The radiology personnel can answer any specific questions you may have.

I understand the explanation given to me and give my consent to the CT scan with contrast.

Signature of Patient or Legal Guardian _____ Witness _____

Patient Name (Print) _____ Date _____