

CT Patient Questionnaire for IV contrast

Name: _____ D.O.B. ____/____/____ Age: _____ Sex: M/F
(Last, First)

Respiratory Conditions

1. Do you have Asthma? Yes No
2. Do you use an inhaler on a daily basis? Yes No
3. Do you have inhaler with you? Yes No

Contrast Allergy or Contrast Reaction History

1. Have you ever had an allergic or any other type of reaction to x-ray contrast (x-ray dye?) Yes No
If yes, what was the reaction? _____
2. Other known allergies? _____

Kidney Function History:

3. Do you have a history of Renal disease including: Circle all that apply. Yes No
Dialysis, kidney transplant, single kidney, renal cancer or renal surgery
4. Do you have high blood pressure requiring medication? Yes No
5. Do you have diabetes mellitus? Yes No
6. Do you take Metformin containing drugs (usually used for Diabetes but not always)? Yes No
If yes, what are you currently taking? _____
7. Do you wear a Dexcom glucose monitor? (If Yes, please inform your technologist before exam) Yes No

Cardiac History

8. Do you have angina or congestive heart failure? Yes No
9. Do you have severe aortic stenosis? Yes No
10. Do you have primary pulmonary hypertension? Yes No
11. Do you have severe cardiomyopathy? Yes No

Myasthenia Gravis: History of prior diagnosis? _____

Yes No

If YES- Patient should NOT receive contrast unless discussed/approved by a Radiologist.

Multiple Myeloma: History of prior diagnosis? _____

Yes No

If YES- Patient should NOT receive contrast unless discussed/approved by a Radiologist.

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 your 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, 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 cases, 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 _____ Technologist _____

Patient Name (Print) _____ Date _____