

CT IV CONTRAST QUESTIONNAIRE/CONSENT

NAME: _____ AGE: _____ DATE OF BIRTH: _____

WEIGHT: _____

Why did your doctor order this scan? _____

Please describe any pain/discomfort you have: _____

Have you ever had a CT before: Yes/No If yes, what type, when and where: _____

Have you ever received CT IV contrast (dye) before? Yes/No

Have you ever had an allergic reaction to CT IV contrast (dye) before? Yes/No If yes, please describe what happened: _____

Medical History

Do you have any allergies to medicine? Yes/ No If yes, what? _____

Are you diabetic? Yes/No If yes, what medication do you take? _____

Have you ever been diagnosed with cancer? Yes/No If yes, what type? _____

Have you ever had a surgery? Yes/No If yes, what type? _____

Do you have a history of kidney disease, kidney failure, renal insufficiency, or do you have only 1 kidney? Yes/No

Do you have sickle cell disease? Yes/No

Do you have multiple myeloma? Yes/No

Creatinine _____ Date of Test _____

GFR _____

Female Patients Only

Are you pregnant? Yes/No

Last menstrual period _____

Your doctor has prescribed a radiology exam for you that requires injecting a "contrast media," containing iodine, into your bloodstream. Normally, contrast media is considered quite safe; however, any injection carries slight risk of harm, including injury to a nerve, artery, or vein, infection or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast media and develop sneezing or hives. Very rarely death has occurred related to contrast administration.

I certify that I have read and understand the contents of this form. Knowing and understanding this information, I consent to the injection of contrast media.

Patient Signature: _____ Date: _____

Technologist Signature: _____

Contrast used: _____ Amount: _____ Site: _____ Time: _____