

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

1. Do you have a history of cancer?  Y  N

-If yes, what type, where? Year?

Breast \_\_\_\_\_ Prostate \_\_\_\_\_ Lung \_\_\_\_\_ Colon \_\_\_\_\_ Other \_\_\_\_\_

2. Any prior imaging/scans on the body part we are scanning today?  Y  N

-If yes, what type, where? Year?  CT  MRI  Ultrasound  X-ray  Other

Date/Facility \_\_\_\_\_

3. Prior surgery?  Y  N

-If yes, what type, where? Year?

Gallbladder \_\_\_\_\_ Appendix \_\_\_\_\_ Other \_\_\_\_\_

4. Reason you are here today? (Please list the problem, the area(s) experiencing the problem and when it started) \_\_\_\_\_

5. Do you have a history of asthma?  Y  N

6. Have you had an asthma attack in the last 24 hours?  Y  N

7. Use an asthma inhaler/oral asthma medication every day?  Y  N

8. Ever been hospitalized for asthma?  Y  N

9. Ever had a severe allergic reaction requiring hospitalization, or epinephrine?  Y  N

10. Have you had any contrast study in the last 5 days?  Y  N

11. Ever had any type of reaction to x-ray/CT contrast (x-ray/CT dye)?  Y  N

-If yes, what reaction did you have? \_\_\_\_\_

12. Ever taken/been instructed to take a steroid medication in preparation for any x-ray/CT with contrast study (x-ray/CT dye)?  Y  N

13. If yes, have you taken a steroid medication in preparation for today's exam?  Y  N

**History of (Circle Any That Apply):**

Kidney/Renal Disease	Taking Medication For High Blood Pressure	Angina	Severe Cardiomyopathy
Dialysis	Diabetes	Congestive Heart Failure	Myasthenia Gravis
Kidney Transplant	Taking Metformin	Severe Aortic Stenosis	Multiple Myeloma
Single Kidney	Heart/Cardiac History	Pulmonary Hypertension	Breastfeeding
Renal Cancer			
Renal Surgery			

-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.

-It is recommended to discontinue Metformin 2 days post procedure, verify with your physician if this applies to you.

-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 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, thrombophlebitis, 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/Legal**

**Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_