



CT PATIENT QUESTIONNAIRE

Exam: _____

Patient name: _____ Age: _____ Date of birth: _____

Physician: _____ Date of study: _____

Before we perform your CT exam, we must know the following information about your health. If you need help answering any of these questions, please ask the technologist for assistance.

1. Why are you having this CT scan? _____

2. Have you had an X-ray exam in which you received a contrast dye injection (i.e., CT scan, IVP kidney exam, angiogram)? yes no

3. Have you had a past reaction to X-ray contrast or dye, requiring treatment by a doctor (other than nausea or hot flushed sensation)? yes no
If yes, explain: _____

4. Do you have allergies? yes no
If yes, explain: _____

5. Have you had any previous surgeries? yes no
If yes, please describe: _____

7. Are you diabetic? yes no
If yes, are you currently taking Glucophage, Glucovance, Metformin or Avandamet? yes no
Do you have an insulin pump? yes no

8. Do you have any of the following conditions? If yes, please describe.
Kidney disease or surgery yes no
Personal history of cancer yes no
Heart disease/angina yes no
Multiple myeloma yes no
Sickle cell disease yes no
Asthma yes no
Respiratory problems yes no
Connective tissue disease yes no
Severe hay fever yes no

9. If female, are you pregnant or breast feeding? yes no

patient signature

IF RECEIVING IV CONTRAST: I have read and understand the information on intravenous iodinated contrast. Any questions I have were answered and I consent to this procedure.

signature of patient/parent or guardian

date

STOP HERE - TO BE COMPLETED BY TECHNOLOGIST

IV contrast authorized by: _____ MD Patient's weight: _____

Creatinine results: _____ Creatinine clearance: _____ Date drawn: _____

Drawn at: _____ Verified by: _____ Contrast used: _____

Volume: _____ cc Needle size: _____ g Site: _____ IV by: _____

Comments/complications: _____

No adverse reaction Minor reaction: _____ Major reaction: _____

technologist signature