

CT Patient Questionnaire for IV contrast

Name: _____ D.OB. ____/____/____ Age: _____ Sex: M/F

(Last)

(First)

Asthma/Allergy History: Do you have a history of asthma? If not, skip to question 5.

Yes No

1. Have you had an asthma attack in the last 24 hours?

Yes No

2. Do you use an asthma inhaler every day or an oral asthma medication every day?

Yes No

3. Have you ever been hospitalized for asthma?

Yes No

4. Have you ever had a severe allergic reaction requiring hospitalization, or epinephrine?

Yes No

Contrast Allergy or Contrast Reaction History

5. Have you ever had an allergic or any other type of reaction to x-ray contrast (x-ray dye)?

Yes No

6. If yes, what reaction did you have? _____

Steroid Premedication History

7. Have you ever taken or been instructed to take a steroid medication in preparation for any x-ray w/contrast (x-ray dye)?

Yes No

8. 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 Kidney disease? If not, skip to question 12.

9. Do you have a history of renal disease including: Circle all that apply.

Yes No

Dialysis, transplant, single kidney, renal cancer or renal surgery?

10. Do you have high blood pressure requiring medication?

Yes No

11. 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

12. Do you have angina or congestive heart failure?

Yes No

13. Do you have severe aortic stenosis?

Yes No

14. Do you have primary pulmonary hypertension?

Yes No

15. 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 _____