



CT Patient History and Screening

Name: _____ Weight: _____
 Date: _____ Age: _____ Height: _____

Your scheduled examination may require the use of an intravenous (IV) contrast agent to best demonstrate your internal anatomy. This material increases the accuracy of the examination and assists in diagnosis. Intravenous contrast material is a clear liquid. Normally, contrast media is considered quite safe. Any injection, however, carries some risk of harm, including injury to nerve, artery or vein, infection, compartment syndrome, or reaction to the material being injected. Reactions are very uncommon, and usually mild, and usually require no treatment. If you have no significant allergic history, the possibility of a severe reaction is very small. There may be alternative examinations to studies using IV contrast.

Do you have any of the following:	Yes	No
Are you allergic to intravenous contrast or iodine?		
Any heart problems? If yes, what? _____		
Are you asthmatic?		
Are you pregnant, or is there a chance you might be pregnant?		
Have you had a hysterectomy? Tubal Ligation? Last menstrual cycle _____		
Are you diabetic?		
Do you take: (Metformin/Glucofage/Glucofage XL/Fortamet/Avandamet)		
Do you have kidney disease or failure?		
If yes, are you on dialysis?		
Do you have a Insulin Pump?		
Are you allergic to any medications or latex? If yes, which medications?		

Please remove all metallic objects around the area of the exam. This may include keys, wallet, watch, hairpins, dentures, safety pins, metal buttons, pocket knives, and utility tools.

Thank you for your attention. If you have any questions, please ask prior to your exam. Your signature indicates that you have read and understand the above information.

Patient Signature: _____ TECH SIGNATURE: _____

Staff Use Only:					
BMI: _____	Tech: _____	IV Site: _____	IV Size: _____	18g	20g 22g
Creatinine: _____	GFR: _____	Rad Rvw GFR(<=40)	/	(Tech Int)	
Contrast: Isovue370	Amount: 75cc 85cc 120cc 150cc	Other: _____	Inj. Time: _____	60cc/50cc saline flush	
D/C Time: _____	By: _____	Condition of Site: WNL	Other: _____		
Contrast Reaction: Y N	Oral Contrast: H2O	Isovue 370 25cc (Tang/Crystal Light/H2O)			
Tech Notes:	Volumen	Redi-Cat			

