



CT Patient Questionnaire

Patient: _____ Date of Study: _____

Physician: _____

1. Are you pregnant? Yes No What was the 1st day of your last menstrual period? _____
IF YES OR NOT SURE, PLEASE TELL A TECHNOLOGIST NOW!

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

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, please describe _____

4. Do you have allergies? Yes No
 If YES, please describe _____

5. Do you have a history of cancer? Yes No
 If YES, type _____

Circle type of treatment Chemotherapy Radiation Therapy Surgery NO Treatment

6. Do you have any of the following conditions: **(PLEASE CIRCLE)**

Diabetes (insulin dependent)	Y	N	Asthma	Y	N
Kidney disease	Y	N	Respiratory problems	Y	N
Heart disease/angina	Y	N	Liver disease	Y	N
Intestinal problems	Y	N	Bladder disease	Y	N
Prostate problems	Y	N	Head/Back problems	Y	N
Lupus	Y	N	Multiple Myeloma	Y	N

7. List any heart, lung or kidney (Glucophage/Glucovance) medications you are taking :

8. List any previous surgeries _____

9. Why are you having this CAT scan? _____

Your physician has recommended that this examination be performed to obtain diagnostic information regarding your present medical condition. This examination may also include an injection of contrast. The Radiologist and/or Technologist will explain to you in detail what will be involved in order to perform this procedure.

I understand the explanation given to me regarding the examination to be performed and I am willing to undergo the procedure.

Signature of Patient _____ Date _____

--DO NOT COMPLETE--

IV Contrast authorized by: _____ M.D. (Radiologist)

_____ **No Medical Need** **LOCM=** Contrast used (circle one): **OptiRay 320** **OptiRay 350** **Visipaque**

Volume: _____ cc. Lot # _____

_____ New ICD-9 (Diagnosis) Code Tech: _____

493.90	Asthma	282.60	Sickle cell anemia	799.3	Debility	V14.8	Contrast/drug reaction
429.9	Heart disease	410.90	Myocardial infarction	V15.09	Hz. Allergies	416.0	Pulmonary hypertension
						427.9	Cardiac arrhythmia