

**CT QUESTIONNAIRE**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Physician: \_\_\_\_\_ Date of Study: \_\_\_\_\_ MR # \_\_\_\_\_

1. **Are you pregnant?**  Yes  No  
**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?  
 (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, please describe \_\_\_\_\_

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

5. 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

6. List any heart, lung or kidney medications you are taking \_\_\_\_\_  
 \_\_\_\_\_

7. Are you taking Glucophage or Glucovance? Y N

8. Why are you having this CT 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 examination. You are encouraged to ask any questions that you may have regarding this procedure.

I understand the explanation given to me and give my consent to the CT scan (w/contrast (if necessary))

\_\_\_\_\_  
 Signature of Patient

\_\_\_\_\_  
 Date

**STOP HERE – DO NOT COMPLETE BELOW THIS LINE**

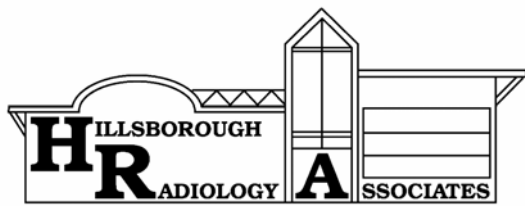
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IV Contrast authorized by: \_\_\_\_\_ M.D. (Radiologist)

No Medical Need Contrast used: \_\_\_\_\_ Volume: \_\_\_\_\_ cc. Lot # \_\_\_\_\_

\_\_\_\_\_ New ICD-9 (Diagnosis) Code Technologist: \_\_\_\_\_

F.O.V. \_\_\_\_\_ MM \_\_\_\_\_



## **Patient Information Sheet**

### Intravenous Iodinated Contrast

Your physician has requested that we perform a computerized tomography scan. In certain cases, the radiologist may determine that the usefulness of your CT 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 a medicinal or metallic taste in the mouth. There can also be minor reactions 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 cases, death.

Facilities are on hand to treat these unusual reactions immediately. 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.