



CT AND IV CONTRAST HISTORY AND SCREENING FORM

Today's Date: _____ Referring Physician: _____

Patient Name _____ Sex: M F
DOB: _____ Age: _____ Weight: _____ Height: _____

Explain your medical problem in detail that is the reason for you having this CAT Scan test today.
(Where is the problem? How long have you had this problem?)

Have you had a previous exam related to this problem? Yes No If yes, where was the exam performed? _____

List other medical problems: _____

List previous surgeries: _____

List all allergies: _____

Is there a possibility that you could be pregnant? Yes No Date of last menstrual period _____

CONTRAST HISTORY

Are you taking glucophage, metformin, or Glucovance? Yes No
BUN _____ CREATININE _____

Have you ever had an allergic reaction to x-ray contrast? Yes No
If yes, explain: _____

Any personal history of:

Asthma	Yes	No
Diabetes	Yes	No
Kidney Disease	Yes	No
Cancer	Yes	No
Multiple Myeloma	Yes	No
Are you breast-feeding?	Yes	No

Comments: _____

I have answered these questions to the best of my knowledge and understand the information presented to me. I have also informed the technologist that I am not pregnant at this time.

PATIENT/PARENT/LEGAL GUARDIAN SIGNATURE TECHNOLOGIST/WITNESS SIGNATURE DATE

Not applicable to this exam				
_____	_____	CC With a _____	@ _____	X _____
Contrast	Amt	GA & Needle Type	Time	# of punctures
In _____	Lot _____	Expiration Date: _____		
Site Location	By: _____			
Contrast Reaction	Yes	No	Physician Covering Contrast	_____
Explain	_____			

Patient Name:	Date:
Exam:	R L
Reason for Exam:	
Are you pregnant or suspect you are?	
Previous Studies: Y N Type: MR CT XR Other	

Where:	Available at time of scan Y N
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Previous Report:	Available at time of scan Y N
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Were the Studies Reviewed/Compared by:	Rad Y N
Tech Y N	

Are symptoms related to an injury? _____ Explain _____
Have you ever had surgery on the part being scanned today? _____
What are the symptoms of the region being scanned today: _____ _____ _____

Please indicate any special area(s) of pain or concerns on the diagram

Special Prescription Instructions/Requests:

Tech Comments:

