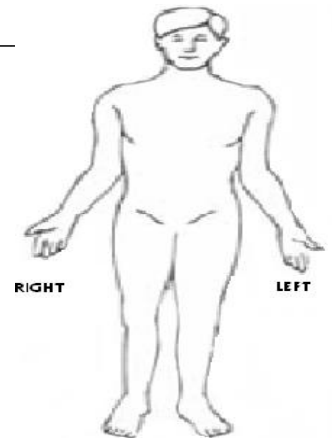


Name: _____
 Date of Birth: _____ Date: _____
 Height: _____ Weight: _____

WATER / SPRITE/ BARIUM SULFATE CTE

CT SCAN PATIENT HISTORY

1. Please list reason (s) for this exam: (i.e. pain, nausea, weight loss, etc.): _____
2. Have you had any other tests related to this problem (i.e., Lab, X-Ray, Barium Enema, UGI, Ultrasound, MRI, previous CT)? YES NO If yes, what test? _____
3. Please list any surgeries you have had in the area being scanned: _____
4. Do you currently have cancer or have you had cancer? YES NO If yes, where _____
5. Do you have any implanted medical devices? YES NO If yes, what _____
6. Are you or is there a possibility you could be pregnant? YES NO
 Are you breast feeding? YES NO *If yes, stop nursing for 48 hours after contrast injection*
7. Please indicate if have a history of any of the following: (Please answer all questions):



Please use the diagram above to show where your problem is located or where you have pain.

- Allergies? YES NO If yes, what type? _____
- Asthma? YES NO Insulin dependent? YES NO
- Kidney failure? YES NO Reaction to x-ray contrast? YES NO
- Heart disease? YES NO Sickle Cell Anemia? YES NO
- Diabetes? YES NO Pulmonary Hypertension? YES NO

CT CONTRAST ADMINISTRATION CONSENT:

Your physician may deem it necessary for you to have an IV injection of a contrast agent containing iodine to improve the quality of the CT examination. Although iodine contrast agents have been used safely in millions of patients, minor reactions (principally headache or nausea) may occur. More serious complications, including cardiac, kidney and respiratory problems as well as shock and fatalities, are extremely rare but possible.

(Reminder for Patients using Metformin based medication to discontinue for 48 hours after the exam)

I agree to have the CT procedure with injection of iodinated contrast material.

 Signature of Patient (Parent or Guardian if patient is a minor or incapacitated)

 Date

FOR TECHNOLOGIST'S USE ONLY:

I.V. Contrast used: YES NO I.V. Site: _____ Contrast Used _____ Amount: _____ CC
 P.O. Contrast used: YES NO Contrast Used _____ Amount: _____ CC
 Radiation Exposure: CTDI _____ mGy DLP: _____ mGy-cm
Technologist Comment: _____

