



CT and IV Contrast History & Screening Form

DATE _____

PATIENT _____

SEX: M F

WEIGHT _____

HEIGHT _____

DOB ____/____/____

AGE _____

Explain in detail your medical problem that is the reason for the CT 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 any other medical problems:

List all previous surgeries:

List all allergies:

CONTRAST HISTORY

Are you taking Glucophage, Glucovance, Metformin, Actos Plus Met, Avandamet, Fortamet, Metaglip, Glumetza, Riomet, or Janumet? YES (If yes, Circle Medication above) NO

List of other Medications? _____

Have you ever had an allergic reaction to an X-Ray/CT contrast? YES NO

If Yes, please explain: _____

Any **personal** history of:

- Asthma YES NO
- Diabetes YES NO
- Kidney Disease YES NO
- Cancer YES NO
- Multiple Myeloma YES NO
- Are you on any blood thinners? YES NO
- Blood Transfusions? YES NO
- Currently on Dialysis? YES NO

FEMALE PATIENTS

Is there any possibility of pregnancy? YES NO _____ Initial

Are you currently 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 of _____
Amount Type of Contrast # of Punctures Lot # Expiration Date

CONTRAST REACTION: YES NO Physician Covering Contrast: _____ Tech Initials: _____

EXPLAIN: