

CT EXAM QUESTIONNAIRE

TO OUR PATIENTS AND ACCOMPANYING FAMILY MEMBERS...

The CT room contains an imaging system. PLEASE answer the following questions carefully. Some clothing can interfere with your scan. You may be asked to change into gowns for your exam. If you have a question regarding anything on this form.

PLEASE DO NOT HESITATE TO ASK US!

Yes No **Have you ever had an allergic reaction to Iodine (x-ray contrast)?** If yes, list reaction.

Yes No **Are you pregnant, possibly pregnant, or breastfeeding?**

Yes No **History of multiple myeloma?**

Yes No **Diabetes?**

Yes No Do you take Glucophage, Glucovance, Avandamet, Metformin, or Insulin?

Yes No Kidney disease? (Renal Failure Insufficiency)

Yes No Do you have a history of asthma or emphysema?

Yes No Cancer

Yes No Had you ever had prior radiation therapy or chemotherapy?

Yes No Reaction to local or dental Anesthesia?

Yes No Hyperthyroid?

Yes No Hypothyroid?

Yes No High Blood Pressure?

If you take medications for your High Blood Pressure, please list them.

Yes No Low Blood Pressure?

Yes No Hypoglycemia

Yes No Did you eat within the last 3 hours?

Yes No Heart Conditions?

Yes No Pacemaker?

Yes No Have you ever had an operation or surgery of any kind? If so, please list them all with dates.

Information Concerning Non-Ionic Contrast Material

Your Procedure today may require the use of an injection contrast material. We use non-ionic contrast. This material is injected intravenously and contains Iodine. However, the non-ionic contrast has proven to be more tolerable for the patients than the previously used ionic ones. Some reactions such as nausea, vomiting, change in blood pressure, skin rash, or other more severe reactions may occur but are uncommon

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Parent or Guardian) _____ Date Signed: _____