

## CT EXAM QUESTIONNAIRE

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.**

☐ Yes    ☐ No    **Have you ever had an allergic reaction to Iodine (x-ray contrast)?**

If yes, please list reactions. \_\_\_\_\_

☐ Yes    ☐ No    Is there a possibility that you are pregnant?

☐ Yes    ☐ No    History of multiple myeloma?

☐ Yes    ☐ No    Diabetes?

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

☐ Yes    ☐ No    Are you taking Insulin?

☐ Yes    ☐ No    Kidney disease? (Renal Failure Insufficiency)

☐ Yes    ☐ No    Heart Conditions?

☐ Yes    ☐ No    Pacemaker?

☐ Yes    ☐ No    Cancer?

☐ Yes    ☐ No    Reaction to local or dental Anesthesia?

☐ Yes    ☐ No    Hyperthyroid?

☐ Yes    ☐ No    Hypothyroid?

☐ Yes    ☐ No    High blood pressure?

☐ Yes    ☐ No    Do you take medications for this?

If yes, please list medications. \_\_\_\_\_

☐ Yes    ☐ No    Low blood pressure?

☐ Yes    ☐ No    Asthma?

☐ Yes    ☐ No    Hypoglycemia?

☐ Yes    ☐ No    Did you eat within the last 3 hours?

☐ Yes    ☐ No    Breastfeeding?

☐ Yes    ☐ No    Have you ever had prior radiation therapy or chemotherapy?

☐ 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

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: \_\_\_\_\_

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## ***CT EXAM QUESTIONNAIRE***

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 with the non-ionic contrast material.

I have read the above statement regarding non-ionic contrast and give consent for the use of contrast during my procedure. All of my questions regarding contrast and potential reactions have been answered to my satisfaction.

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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)

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Date Signed:

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