

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## CT QUESTIONNAIRE

This x-ray examination of the body is done by using a special computer which allows us to view internal organs which we are not able to visualize using standard x-ray.

1. In one sentence, please describe what the problem is that brought you to our office today, include any symptoms you experience: \_\_\_\_\_
2. If you had any other test related to this problem, please list the test and the facility where the test was performed:  
\_\_\_\_\_
3. Please list any surgeries you have had:  
\_\_\_\_\_
4. Have you ever been told you had cancer?  YES  NO      If yes, what body part was affected?  
\_\_\_\_\_
5. Is there any chance you could be pregnant?  YES  NO
6. Are you currently breastfeeding?  YES  NO \_\_\_\_\_

## CT INFORMED CONSENT FOR CONTRAST

Some CT examinations require the injection of a contrast media into your bloodstream. The use of this solution helps us to better visualize certain organs inside the body for diagnosis purpose. The contrast agent is given through a small needle placed into the vein. Contrast media is considered quite safe; however, any injection carries a risk of harm including injury to a nerve, artery or vein, or infection or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast material and develop sneezing and/or hives. Uncommonly, more serious reactions have been known to occur, including life-threatening reactions. These serious reactions are very rare. If you have any question, please feel free to discuss them with the Technologist or Radiologist prior to your scan.

1. Have you ever had an "allergic" like reaction to any contrast material?  YES  NO
2. Do you have allergies or asthma?  YES  NO
3. Do you have high blood pressure?  YES  NO
4. Do you have myeloma, sickle cell disease, polycythemia, or pheochromocytoma?  YES  NO
5. Do you have a history of kidney disease or diabetes?  YES  NO
6. Do you take Glucophage (Metformin)?  YES  NO

THE UNDERSTANDING CERTIFIES THAT HE/ SHE HAS READ AND UNDERSTANDS THE FOREGOING, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS THEIR AGENT TO GIVE THE CONSENT TO HAVE THE DESCRIBED PROCEDURE PERFORMED.

Patient signature/Patient guardian: \_\_\_\_\_ Date: \_\_\_\_\_