

Patient Name:

Date of Birth:

Exam Date:

Height: Feet Inches

Weight: Lb.



Department of Radiology IV/Oral Contrast Questionnaire

A CT exam has been requested by your physician to be administered with an iodinated contrast material to ensure the highest quality examination. The contrast we use is the safest available; but as with all medications, there is always a chance of a side effect, such as an allergic reaction. By filling out the following questions, you will help us to minimize these risks.

- 1) Have you ever had a reaction to any radiology iodine containing contrast dye? Yes No
a) If so, what happened?

- b) If yes, did you take medications to prevent repeat allergy before today's exam?* Yes No

- 2) Do you have high blood pressure/take medications for high blood pressure? Yes No

- 3) Do you have a history of kidney problems? Yes No
(Poorly functioning kidneys, kidney disease or removal of whole or part of a kidney)

- 4) Do you have diabetes? Yes No
a) If yes, are you taking any medication containing Metformin? Yes No
 (Examples include: Fortamet, Glucophage, Glucovance, Glumetza, Riomet, Actoplus, Avandamet, Janumet, Kombiglyze, Metaglip, and Prandimet.)

- 5) Female Patients
 Have you ever had a hysterectomy or both of your ovaries removed? Yes No
 *Pregnancy testing is required for CT imaging of the abdomen and/or pelvis, including the lumbar spine.
 Girl's 10-17 years old, must have a pregnancy test performed at the time of exam.
 Women 18-60 years old, may sign a pregnancy test waiver form or have a pregnancy test performed at the time of exam.

- 6) Why are you having this CT scan?

I have answered these questions to the best of my abilities.

Name of person completing the form

Relationship to patient (self, parent, other)

Date

Time

For Department of Radiology use only; do not write below this line.

Urine HCG performed? Yes Not needed Waiver signed
Results: Positive Negative

Renal testing: Only needed for patients receiving IV contrast that have answered yes to questions 2, 3, or 4 listed above

POC Creatinine/eGFR performed? Yes No *If yes, value:*

Lab eGFR value within six (6) weeks=