CT SCREENING FORM

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEIGHT: \_\_\_\_\_\_\_\_ FT \_\_\_\_\_\_\_ IN WEIGHT: \_\_\_\_\_\_\_\_\_ LBS DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?**

🞎 YES 🞎 NO Have you had a CT scan in the past? If yes, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 YES 🞎 NO Have you had iodine or IV contrast in the past? If yes, did you have any adverse reaction? Explain what happened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 YES 🞎 NO Do you have diabetes? If yes, do you take (check all that apply) 🞎 Insulin 🞎 Metformin

🞎 YES 🞎 NO Do you have a history of kidney disease, failure, stones, injury?

🞎 YES 🞎 NO Are you on dialysis? If yes, when is your next appointment to be dialyzed? \_\_\_\_\_\_\_\_\_\_\_\_

🞎 YES 🞎 NO Do you have a history of cancer? If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 YES 🞎 NO Do you have a history of asthma or other respiratory problems?

🞎 YES 🞎 NO Do you have multiple myeloma? (cancer of plasma cells)

🞎 YES 🞎 NO Do you take any blood thinners such as Coumadin, Plavix, or Warfarin daily?

🞎 YES 🞎 NO Previous surgeries? What kind and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 YES 🞎 NO Do you have (check all that apply) 🞎 vascular disease 🞎 high blood pressure

🞎 congestive heart failure 🞎 gout

**FEMALES ONLY**:

🞎 YES 🞎 NO Are you or could you be pregnant? Date of last menstrual period: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

🞎 YES 🞎 NO History of:🞎 tubal ligation 🞎 partial hysterectomy 🞎 total hysterectomy

🞎 YES 🞎 NO Are you currently nursing an infant?

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Estimated GFR / Creatinine: \_\_\_\_\_\_\_ mg/dL Date of Result: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ 🞎 I-Stat 🞎 Lab Draw

IV Contrast: 🞎 Yes 🞎 No Amount: \_\_\_\_\_\_\_\_\_ mL 🞎 Omni 350 🞎Visi 270 IV Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Contrast: 🞎 Yes 🞎 No Amount: \_\_\_\_\_\_\_\_\_ mL 🞎 Omni 240 🞎 Water 🞎Volumen at: \_\_\_\_\_\_\_\_\_\_\_\_

Saline: 🞎 Yes 🞎 No Amount: \_\_\_\_\_\_\_\_\_ mL

Technologist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

CT INTRAVENOUS CONTRAST

PATIENT EDUCATION / CONSENT FORM

Your doctor has requested a radiology examination that requires an intravenous contrast injection.

The contrast material used is an iodine containing solution that circulates through the blood stream.

This allows the blood vessels of the brain and body to be better visualized. The contrast is then

collected by the kidneys, urinary tract, and bladder. The contrast is urinated out of your body

within a few hours.

Most patients experience no unusual effects from this injection. Occasionally the patient may

experience a warm sensation, nausea, or vomiting. As with any procedure, however, a few risks are

involved. A small number of patients have a mild allergic-type reaction, such as swelling of the

eyes and lips, sneezing or difficulty breathing. In most circumstances, the risk of a reaction is very

small. The risk is somewhat greater in asthmatics and patients with multiple allergies. If you are

asthmatic or highly allergic to any food or medication, please inform the radiologist. You should

have been pre-medicated prior to the exam (with a steroid such as prednisone).

Serious or life-threatening contrast reactions are extremely rare. Naturally, medications are on

hand to treat these conditions, should they occur. Your doctor is aware of these possible

complications but has determined that the additional diagnostic information provided by the

contrast outweighs the minimal risks of this procedure.

The radiologist or designee will be happy to answer any specific questions you may have about

the procedure, either before or at the time of the study.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , understand the procedure and give permission for the scan to be performed and for the contrast material to be used if necessary.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_