

CT HISTORY & SCREENING

Patient Name _____ Date: _____ Sex: M Wt _____ / Ht _____

History / Diagnosis: _____

Reason you are here for an exam today? Explain your medical problem in detail.

List prior surgical history: _____

Cancer history: _____ Chemotherapy/Radiation? When: _____

List any drug or food allergies: _____

Have you had intravenous contrast before? Yes No

Did you have an allergic reaction to contrast during a previous exam? Yes No

If yes, did you take contrast allergy premedication before your exam today? Yes No

Personal History

Yes No Diabetes**

**If yes, do you take any Metformin or Metformin containing drug Yes No

Yes No Renal (kidney disease)

Yes No Kidney transplant, single kidney, or kidney surgery

Yes No Are you on dialysis?

Yes No Hypertension (high blood pressure)

Yes No Liver Disease

Yes No Multiple Myeloma

Yes No Pheochromocytoma (adrenal tumor)

Yes No Any implanted device, i.e. (diabetic insulin pump, continuous glucose monitor)

***If patient is < 50 years of age and has any one of the following risk factors, a creatinine must be drawn.**

I have answered these questions to the best of my knowledge and understand the information presented to me.

Patient/Legal Guardian Signature

Date

Technologist/RN Signature

Date

