



CAT SCAN/IV CONTRAST QUESTIONNAIRE

PT# _____

Name: _____

Age: _____

Date of Birth: _____

1. Why did your doctor order this scan?

2. Please describe any pain/discomfort you have:

3. Have you recently traveled? Yes No

4. Have you ever had a CT before? Yes No

If yes, what type, when and where?

5. Have you ever received IV contrast (dye) before?

Yes No

MEDICAL HISTORY

1. Do you have any allergies to food, medicine, NutraSweet or latex? Yes No

2. Are you diabetic? Yes No

If yes, do you take:

- | | |
|----------------|----------------------|
| ___ GLUCOPHAGE | ___ GLUCOVANCE |
| ___ AVADAMET | ___ METAGLIP |
| ___ METFORMIN | ___ ACTOPLUS-MET |
| ___ JANUMET | ___ GLUCOPHAGE X-RAY |

IMPORTANT: These medications must not be taken 48 hours after your scan

3. Have you ever been diagnosed with cancer:

Yes No

If yes, what type and when? _____

Radiation therapy: Yes No When? _____

Chemotherapy: Yes No When? _____

4. Have you ever had a major surgery?

If yes, what type and when?

If you answer YES to any of the following questions, please STOP and take this questionnaire to a receptionist.

1. Do you have a history of kidney disease, renal failure, renal disease, renal insufficiency, or do you have only 1 kidney? Yes No

2. Do you have sickle cell disease? Yes No

3. Do you have multiple myeloma? Yes No

4. Have you ever had an allergic reaction to IV contrast before? Yes No

If yes, please describe what happened? _____

5. Do you have any pheochromocytoma? Yes No

6. Do you have any major medical problem?

Yes No If yes, what? _____

7. Are you breastfeeding? Yes No

FEMALE PATIENTS ONLY:

1. Are you pregnant? Yes No

Last menstrual period _____

2. Are you trying to get pregnant? Yes No

3. Any breast surgeries? Yes No

If yes, which side and when? _____

4. Have you had a hysterectomy? Yes No

If yes, when? _____

5. As of today's date (_____) there is no possibility that I may be pregnant.

Patient signature: _____

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