



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: _____

WE NOW OFFER 3D MAMMOGRAPHY AT OUR ROUTE 46 LOCATION