

CT AND IV CONTRAST HISTORY AND SCREENING FORM

Patient Name _____ Sex: M F

DOB: _____ **Age:** _____ **Weight:** _____ **Height:** _____

Explain your medical problem in detail that is the reason for you having this CAT Scan test today.
(Where is the problem? How long have you had this problem?)

Have you had a previous exam related to this problem? **Yes** **No** If yes, where was the exam performed? _____

List other medical problems: _____

List previous surgeries: _____

List all allergies: _____

Are you taking any of the following medications?

Glucophage, Glucophage XR, Glucovance, Metformin, Actos Plus Met, Avandamet, Fortamet, Metaglip, Metformin Tablets, Metformin XR Tablets, Riomet Oral Solution, Insulin, Janumet, Januvia?

Yes (If yes, circle medication) No

Have you ever had an allergic reaction to x-ray contrast? **Yes** **No**
If yes, explain: _____

Any personal history of:

Asthma	Yes	No
Diabetes	Yes	No
Kidney Disease	Yes	No
Cancer	Yes	No
Hypertension	Yes	No
Multiple Myeloma	Yes	No
Are you breast-feeding?	Yes	No
Are you pregnant at this time?	Yes	No
Are you on any blood thinners	Yes	No

When was the **first** day of your last menstrual cycle? _____

What birth-control method are you currently using? _____

I have answered these questions to the best of my knowledge and understand the information presented to me. I have also informed the technologist **that I am not pregnant** at this time.

PATIENT/PARENT/LEGAL GUARDIAN TECHNOLOGIST Date

_____ CC's _____ No IV Contrast used

Omnipaque or Visipaque Lot # _____ Exp Date _____

Inj. Site _____ Tech _____ Physician _____