

ENVISION IMAGING OF ALLEN

CT and IV Contrast History & Screening Form

DATE _____

PATIENT _____

SEX: M F

WEIGHT _____ HEIGHT _____ DOB ____/____/____ AGE _____

Explain in detail your medical problem that is the reason for the 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 any other medical problems:

List all previous surgeries:

List all allergies:

CONTRAST HISTORY

Are you taking Glucophage? YES NO BUN _____ CREATINE _____

Have you ever had an allergic reaction to an X-Ray contrast? YES NO

If Yes, please explain: _____

Any **personal** history of:

Asthma	YES	NO
Diabetes	YES	NO
Kidney Disease	YES	NO
Cancer	YES	NO
Multiple Myeloma	YES	NO
Are you Breast Feeding?	YES	NO
Are you on any blood thinners?	YES	NO

FEMALE PATIENTS

Is there any possibility of pregnancy? YES NO Date of LMP? _____

Are you currently breast feeding? YES NO

Comments:

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 SIGNATURE

TECHNOLOGIST/WITNESS SIGNATURE

DATE

NOT APPLICABLE TO THIS EXAM

_____ cc of _____ with a _____ @ _____ X _____
Amount Type of Contrast GA & Needle Type Time # of Punctures

In _____ Lot # _____ Expiration Date: _____ By: _____
Site Location

CONTRAST REACTION: YES NO PHYSICIAN COVERING CONTRAST _____
EPLAIN: