

CT Scan Questionnaire

Without IV Contrast, With IV Contrast, or With IV and Oral Contrast

If you are scheduled to have a CT performed, it will be helpful for you to print this form, complete it and bring it with you to your exam appointment. You should sign it after you have reviewed it with the Technologist and have had an opportunity to ask questions.

Patient Name: _____ Date of Birth: _____

1. Please **check** any of the following conditions which apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Cancer
What kind of cancer? _____ | <input type="checkbox"/> Monoclonal Gammopathy (increased immunoglobulins) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Pheochromocytoma (adrenal tumor) | <input type="checkbox"/> Allergies (food, medication, environmental) |
| <input type="checkbox"/> Kidney Disease | If yes, please list what you are allergic to:
_____ |

2. What is the reason for your CAT scan today? What symptoms are you experiencing? _____

3. Please list any surgeries you have had: _____

4. Are you diabetic? Yes No If yes, please list the medication you take: _____

5. What other medications, if any, do you take? _____

6. Have you ever received X-ray contrast dye (for example, during a CT scan, IVP exam for kidneys, cardiac catheterization, angiogram)? Yes No If yes, did you have any adverse reaction? Please explain: _____

7. Do you take a diuretic (water pill)? Yes No

8. Do you smoke now? Yes No If yes, how many years did you smoke? _____ # of packs per day _____
If no, did you smoke in the past? Yes No How long ago did you stop smoking? _____

9. Is there any chance of pregnancy? Yes No N/A Date of last menstrual period: _____

I attest that this information is true to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding this information.

Signature: _____ Date: _____