

CT CONTRAST MEDIUM QUESTIONNAIRE

Patient's Name _____

Reason for exam: _____

Allergies _____

Medical conditions:

_____ Heart disease _____ Asthma _____ Multiple Myeloma

_____ Kidney disease _____ Emphysema _____ Sickle Cell Anemia

_____ Diabetes _____ High Blood Pressure _____ Pregnant or nursing

_____ Infusaport

Surgical history _____

Avandamet/Glucophage/Glucoavance/Metformin use _____

Have you ever had a contrast injection before? _____ Yes _____ No

List any problems with contrast _____

LABORATORY VALUES

CREA _____ BUN _____

PROCEDURE

Procedure type _____

Type and Amount of contrast used _____

Needle gauge and Injection site _____

POST PROCEDURE

Post-injection site appearance _____ Post procedure teaching completed _____

Contrast Reaction _____ No _____ Yes Explain _____

Technologist signature _____ Date _____