



## POLICY AND PROCEDURE CT HISTORY SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

1. Why are you having this exam? What are your symptoms? (Pain, abnormal X-ray, cancer, etc.): \_\_\_\_\_
2. Have you had any surgeries? If yes please list basic types of surgery (cholecystectomy, appendectomy, etc.): \_\_\_\_\_
3. Have you ever been given intravenous contrast on any previous exams? (CT scan, heart catheterization, appendectomy, etc.): \_\_\_\_\_
4. Do you have a personal history of cancer? If yes, please list type of cancer: \_\_\_\_\_

### PLEASE CIRCLE YES OR NO TO EACH CONDITION BELOW:

Your answer should pertain to you personally. If you do not know, leave blank.

- Allergies (medications, food, etc.)----- Y N
  - Description: \_\_\_\_\_
- Severe asthma? ----- Y N
- Diabetes? ----- Y N
- Do you take metformin or metformin containing medications? ----- Y N
- Heart Disease? ----- Y N
- Thyroid Disease? ----- Y N
- Kidney Disease? ----- Y N
- Myasthenia Gravis? ----- Y N
- Hyperthyroidism? ----- Y N

### \*\*\*Female Patients\*\*\*

If you are a childbearing age (12-50) is there any chance you could be pregnant? Y N if no, when was the beginning of your last menstrual cycle? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Have you had any of the following:

- Hysterectomy? ----- Y N
- Tubal Ligation? ----- Y N
- Birth control? ----- Y N
- Breast feeding? ----- Y N

CONTRAST REACTION: Allergic reaction to iodine (contrast) can happen; however significant reactions are rare. We utilize non-ionic contrast, which is the safest of the available contrast agents. Possible risks are rash, itching, nausea, cardiopulmonary complications and/or damage to the kidneys. During CT examinations, an automated power injector is used to infuse the contrast intravenously. In some rare cases, extravasations (escapes of fluid in tissues) may occur.

I CERTIFY THAT I UNDERSTAND THE RISK AND ALTERNATIVES INVOLVED IN THE PROCEDURE.

PATIENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TECHNOLOGIST: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have any questions or concerns, please ask the CT Technologist, thank you.