

CT Screening Form

First Name: _____ M.I. _____ Last Name: _____

DOB: _____ Male / Female Height: _____ Weight: _____ Physician: _____

Patient History:

Reason for Exam: _____

Signs/Symptoms: _____ Duration: _____

List Surgeries: _____

Current Medications: _____

Medication Allergies: _____

Have you had prior imaging exams related to your current symptoms? No / Yes

If yes, please list: _____

Please indicate if you have any of the following:

- No Yes History of "kidney disease" as an adult
- No Yes History of kidney transplant
- No Yes Significant decrease in renal function in the past month reported by your doctor
- No Yes Diabetes
- No Yes Contrast exam performed within the last 7 days?
- No Yes Recent surgeries in the last 2 weeks?
- No Yes High Blood Pressure
- No Yes Are you over the age of 60?
- No Yes Are you taking Metformin or Metformin-containing drug combinations (Metformin, Avandamet, Glucophage, PrandiMet, Metaglip, Riomet, Janumet, Kombiglyze, Fortamet, Glucovance, Glumetza, Actoplus Met)

No Yes Have you ever had a reaction to contrast (e.g. iodine or barium)?

If "YES" please describe: _____

If yes, have you been pre-medicated for your exam today? No Yes

Do you have any of the following medical conditions:

- No Yes Active asthma, bronchospasm or bronchitis requiring treatment
- No Yes Heart Disease
- No Yes Currently undergoing Dialysis? If yes, what type: Hemodialysis Peritoneal
How long have you been receiving dialysis? _____ years _____ months
When is your next dialysis treatment? _____ years _____ months
- No Yes Fluid restrictions
- No Yes History of allergic (anaphylactic) reaction to one or more allergens
- No Yes Epilepsy/Seizure No Yes History of Stroke
- No Yes History of Cancer No Yes Hepatitis or Jaundice
- No Yes Gastrointestinal Issues No Yes Heart Problems
- No Yes Bladder Problems No Yes Foreign Body (shrapnel or other metallic fragment)
- No Yes Metal Implants
- No Yes Currently Breast Feeding No Yes Maybe Pregnant?

CONSENT: I attest the above information is correct to the best of my knowledge. I have read and understand the contents of this form and I have had the opportunity to ask questions regarding the information on this form. I have also informed the technologist that **I am not pregnant at this time.**

Signature of Person Completing Form: _____ Date: _____

Relationship to Patient: Self Spouse Guardian

Technologist reviewing form with patient: _____ Date: _____

(Print first and last name)