

**Patient's Name:** \_\_\_\_\_ **Patient's Age:** \_\_\_\_\_

**Name of Referring Physician:** \_\_\_\_\_

**Indication/Reason For Today's Exam:** \_\_\_\_\_

**1) DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING?**

- Kidney Disease (*tumor, glomerulitis, transplant*)  Yes  No
- Kidney Failure (*with or without Dialysis*)  Yes  No
- Insulin Dependent Diabetes of 2 years or greater duration  Yes  No
- NON-Insulin Dependent Diabetes of 5 years or greater duration  Yes  No
- Multiple Myeloma  Yes  No
- Collagen Vascular Disease  Yes  No
- Sickle Cell Anemia  Yes  No
- Polycythemia Vera  Yes  No
- Adrenal Tumor (Pheochromocytoma)  Yes  No

**2) ANY ALLERGIES?**  Yes  No **If YES, please list:** \_\_\_\_\_

**3) DO YOU HAVE A HISTORY OF AN IV CONTRAST REACTION** (*hives, chills, difficulty breathing, drop in blood pressure*)?  Yes  No

**If YES, please explain:** \_\_\_\_\_

**4) DO YOU SMOKE OR HAVE YOU EVER SMOKED?**  Yes  No

**If YES, HOW MANY PACKS FOR HOW MANY YEARS?:** \_\_\_\_\_

**5) DO YOU HAVE A HISTORY OF CANCER?**  Yes  No

**If YES, what type?** \_\_\_\_\_

**6) DO YOU HAVE ANY OTHER ILLNESSES?**  Yes  No

**If YES, please explain:** \_\_\_\_\_

**7) ANY PRIOR SURGERY?** (*If applicable, please check box and list approximate date of surgery*)

- LUNG \_\_\_\_\_  HEART / CORONARY \_\_\_\_\_  GALLBLADDER \_\_\_\_\_
- APPENDIX \_\_\_\_\_  UTERUS/OVARIES \_\_\_\_\_  OTHER \_\_\_\_\_
- SPINE \_\_\_\_\_  COLON \_\_\_\_\_

**8) DO YOU CURRENTLY TAKE ANY OF THE FOLLOWING MEDICATIONS?:**

- DIURETICS**  Yes  No    **ANTIBIOTICS**  Yes  No    **ORAL DRUG FOR DIABETES**  Yes  No
- NON-STEROID ANTI-INFLAMMATORIES**  Yes  No

**If YES to any of the above, please list drugs:** \_\_\_\_\_

**9) FEMALE PATIENTS ONLY: IS THERE ANY POSSIBILITY OF PREGNANCY?**  Yes  No

**WHAT WAS THE DATE OF YOUR LAST MENSTRUAL CYCLE?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR PATIENTS WHO MAY RECEIVE IODINE CONTRAST**

Your test may require a venous injection of IV Contrast. Adverse reactions to this contrast material are uncommon and when they occur, they are usually mild and transient (hives, warm sensation in face and pelvic area, nausea and vomiting). Severe reactions (difficulty in breathing, asthma, drop in blood pressure) are rare and almost always occur immediately. Fatalities have been reported in the literature and are extremely rare, particularly with the use of non-ionic IV contrast. Also, there is a slight risk of decreased renal function following the use of IV Contrast. This is uncommon, unless renal function is already compromised or unless you are currently taking certain medications (*see Question #8 above*). I have read and understand the above information; all of my questions have been answered.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_