



Name: _____ DOB: __/__/__ Height: _____ Weight: _____

Questions regarding the procedure:

Why did the doctor order the CT?

How long has this been going on?

Have you had any other tests of the same area?

X-Ray US MRI CT

Where/When? _____

Yes No Have you ever had surgery of any kind? If yes, please list them all with dates:

Yes No Have you ever been diagnosed with cancer? If yes, please describe:

For MDI use only:

Do you have any of the following?

- Yes No Kidney disease or renal failure
- Yes No Are you taking Hydroxyurea (Hydrea or Droxia)?
- Yes No High blood pressure
- Yes No Asthma
- Yes No COPD (lung disease)
- Yes No Sickle Cell
- Yes No Pheochromocytoma (adrenal gland tumor)
- Yes No Multiple myeloma (tumor in bone marrow)
- Yes No Diabetes. If yes, do you take any of the following:
 - Metformin Fortamet
 - Glucophage (&XR) Avandamet
 - Glucovance Metaglip
 - Prandin

If you receive x-ray dye/contrast **and** you take one of these medications for Diabetes you will receive instructions as to when you should stop the medication and you will receive instructions on lab work necessary before you resume your medication.

Information Concerning Contrast

As part of your exam, your doctor or radiologist may deem it advisable to administer an intravenous injection of a contrast agent to more accurately diagnose your condition. To facilitate the safest administration, please answer the following questions:

NPO Status (last time you ate or drank) _____

Yes No Have you ever had a previous allergic reaction to contrast or "dye" injected intravenously for a CT Scan, IVP or Cardiac Catherization?

Yes No Do you have any other allergies to food, medicine, etc? If yes, please explain: _____

Female patients 11-50

Date of last menstrual period: _____

Yes No Are you pregnant, possibly pregnant, or breast feeding?

I consent to the administration of contrast media (dye) for the above-indicated test. I have had all my questions answered to my satisfaction.

Signature (Parent or Guardian) _____ Date _____

MDI Interviewer Signature _____ Date _____