

New Mexico VA Hospital, Albuquerque NM
Computed Tomography IV Contrast Questionnaire

PATIENT NAME: _____ FULL SSN _____ DOB _____

HAVE YOU HAD ANYTHING TO EAT OR DRINK IN THE LAST 2 HOURS? YES _____ NO _____

HAVE YOU EVER HAD A REACTION TO CONTRAST OR DYE USED IN CT OR XRAY? YES _____ NO _____

ARE YOU A DIABETIC? YES _____ NO _____

IF YES, PLEASE MARK ANY OF THE METFORMIN BASED MEDICATION BELOW THAT YOU MAY BE TAKING.

- Metformin Glucophage Glumetza Fortamet Glucophage XR Kazano
 Xigduo XR Metaglip Glucovance Jentadueto Invokamet Janumet / Janumet XR
 ActoPlus Met / ActoPlus Met XR PrandiMet Avandamet Kombiglyze XR

DO YOU HAVE A HISTORY OF ASTHMA , HAYFEVER OR ALLERGIC REACTIONS? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- Gout Heart Disease Multiple Myeloma High Blood Pressure

DO YOU HAVE YOU HAVE A HISTORY OF KIDNEY DISEASE, LOSS OF A KIDNEY, OR ARE YOU ON DIALYSIS? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HAVE YOU RECEIVED ANY CONTRAST IN THE LAST 48 HOURS? YES _____ NO _____

DO YOU HAVE THYROID DISEASE / THYROID CANCER? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY ELECTRONIC IMPLANTABLE DEVICES? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE VASCULAR DISEASE? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER HAD RADIATION THERAPY TO YOUR LYMPH NODES? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

I AFFIRM THE ABOVE INFORMATION IS CORRECT.

PATIENT SIGNATURE OR LEGAL GUARDIAN

DATE

CT REVIEWED

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PROCEDURE BEING DONE _____

THE PATIENT'S IDENTIFICATION AND EXAM HAS BEEN VERIFIED BY CT TECHNOLOGIST. YES _____ NO _____

CURRENT LAB WORK DATE _____ eGFR _____

CONTRAST: _____ AMOUNT _____

RADIOLOGIST/ORDERING PHYSICIAN SIGNATURE (AS NEEDED)

PRINTED NAME

DOES PATIENT UNDERSTAND THIS PROCEDURE? YES _____ NO _____

DOES PATIENT HAVE ANY QUESTIONS? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

PATIENT HAS CONSENTED TO THIS EXAM. YES _____ NO _____

TECHNOLOGIST SIGNATURE

DATE/TIME

NOTES:

