

NAME _____ DOCTOR: _____ DATE _____

 GENDER: Male Female Age: _____

 1. Why are you having a CT exam today? _____

2. How long have your symptoms been present? _____

3. Have you ever had a CT examination? _____

If yes A: Where? (hospital, etc) _____

B: What part of the body _____

4. Have you ever had any of the following examinations?

| | | |
|-------------|--------------|-------------|
| Exam | Where | When |
|-------------|--------------|-------------|

Nuclear _____

Ultrasound _____

UGI or Barium Enema _____

IVP or Cystoscopy _____

Chest X-Rays _____

 5. Do you have, or have you ever had, cancer? _____ If so, what is the primary site? _____
 Chemotherapy? Radiation?

6. Are you a diabetic? _____ If yes, is your diabetes controlled by insulin/diet/medicine? _____

7. Do you have high blood pressure? _____ Do you take medication for it? _____

8. Do you have allergies to food/medicine or iodine or IV Dye? If so, what? _____

9. Do you have asthma or hayfever? _____

10. Do you have any heart problems (shortness of breath, rapid or irregular heart rate, chest pain)? _____

11. Have you been on antibiotics in the last 2 weeks? _____

 12. Female Patients: Date of last menses _____ Any chance you could be pregnant? Yes No

 13. List any medications you are taking now _____

 14. Have you had any operations (especially on the abdomen, neck or groin)? If yes, where? _____

Signature: _____ Date: _____

Patient Name: _____ PT # _____ DATE: _____

FOR CT TECHNOLOGIST ONLY

BUN _____ (7 - 18)

Creatinine _____ (0.4 - 1.4)

No IV Contrast (Reason): PROTOCOL ALLERGIC PT REFUSED PHYSICIAN REQUEST ELEVATED LABS

IV CONTRAST: OPTIRAY 320 OPTIRAY 320 OPTIRAY 350 HAND INJECTED _____ CC/SEC _____ SEC DELAY

ACCESSED BY _____ SITE: Right Left Hand Wrist Forearm Antecubital Mediport Existing IV Site

ORAL CONTRAST

RECTAL CONTRAST (AIR - GASTROGRAFIIN)

Additional Technologist Notes: _____

Metformin (Glucophage) Form Given to Patient: _____

- Pt. Uncooperative Pt on respirator Pt In restraints Pt moving Pt very large Pt being held
- Unable to hold breath Unable to raise arms up Pt unresponsive

RADIOLOGIST NAME (If consulted about case): _____

SCAN ID: _____

DISC # _____