

CT QUESTIONNAIRE/CONSENT FOR INTRAVENOUS INJECTION

MEDICAL HISTORY

Present Complaint _____

Have you ever had cancer? _____ If so, what type? _____

Have you ever had surgery? _____ If so, what type? _____

Have you had a previous CT before? _____ If so, where? _____

Are you Diabetic? _____ If so, please list medication _____

Is there a possibility that you could be pregnant? _____ Date of last menstrual cycle? _____

Do you suffer from:

Heart disease/cardiac condition	Y	N	Allergic/Respiratory disease	Y	N
Asthma	Y	N	Lactation	Y	N
Renal Disease	Y	N	Allergies to medications? If yes please list.	Y	N
Seizure disorder	Y	N	_____		
Anemia/blood disorder	Y	N	_____		

Are you taking any prescribed medications at this time? Y N

If so, please list the medication. _____

Your physician has requested that you have a CT examination with contrast. This will necessitate an intravenous injection of contrast medium. The injection will be given into a vein, either in the hand or in the region of the elbow. It is important to realize that without the injection, abnormalities may be very difficult or impossible to detect. There are no known contradictions to the use of the material, however a small percentage of patients will experience a mild reaction in the form of nausea, vomiting and may experience the development of a transient headache. Other adverse reactions have been reports in less than 1% of the patient include: coldness, warmth, hypotension, agitation, dizziness, rash, sweating, ringing in the ears, and dry mouth. These reactions are uncommon and are transient and self-limited. Should you experience any of these reactions, we shall treat them with the appropriate medical care using all good and acceptable medical judgment and procedure.

I acknowledge that I have read this document in its entirety, that I fully understand it, that all my questions referable to it have been answered to my satisfaction, and that I agree and consent to the use of this diagnostic material.

SIGNED _____ DATE _____

Printed Name _____

Office use only (High Tech Imaging Center) Technologist _____

Date and time of injection _____ Injection site _____

Type and amount of contrast injected _____ Lot# _____

Signature of person injecting _____

Comments _____