SJRA

SOUTH JERSEY RADIOLOGY ASSOCIATES, P.A.

CT Contrast History Form

Exam date _____

Patient name _____ DOB _____

○ Female ○ Male Weight _____ Height _____

1. Is there any chance of pregnancy? ○ **Y** ○ **N** Date of last menstrual period _____
2. Are you currently breast feeding? ○ **Y** ○ **N**
3. Why are you having this examination (medical problem) including symptoms:

   _____

   _____
4. Do you have or have you been treated for the following:

☐ Kidney disease	☐ Sickle Cell anemia
☐ Kidney or bladder surgery	☐ Allergy to Iodine or contrast material
☐ Diabetes	☐ Cancer (type): _____
☐ Abdominal aortic aneurysm (AAA)	☐ Asthma – Meds _____
☐ Lupus, Rheumatoid arthritis, Scleroderma	☐ Asthma attack in the last 3 months
☐ Multiple Myeloma	☐ Change in asthma meds past 2 weeks
☐ Solid organ transplant	☐ Family history of kidney failure

5. List all Allergies: _____

   _____
6. Please list all current medications taken: _____

   _____

   _____
7. Have you had a radiologic study / x-ray relating to this study? ○ **Y** ○ **N** If yes, when / where:

   _____
8. Have you ever had an injection of IV contrast? ○ **Y** ○ **N**
9. Have you ever had any major surgery? ○ **Y** ○ **N** If yes, what / when:

   _____

   _____
10. Are you currently taking any of the following medications? ○ **Y** ○ **N**
    Avandamet, Glucophage, Glucophage, X-R, Glucovance, Metaglip, Riomet, Fortamet, Metformin, or any other medication containing Metformin?

    If so, these medications **MUST** be withheld 48 hours after the day of injection of IV contrast. Your physician has been notified and he/she should have contacted you with instructions.
11. Are you or have you ever been a smoker? ○ **Y** ○ **N** If yes and you have quit, when? _____
12. Have you had steroid prep? ○ **Y** ○ **N**

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Patient name _____

By explanation, the injection of organic iodine compound is necessary to study your internal organs properly. Everyone experiences a variety of sensations from warmth to “a real hot feeling.” Patient may experience:

A. itching
A. hives
B. throat sensation, including nausea and wheezing
C. general abdominal reactions including nausea/vomiting and/or a sense of an urgency to urinate. Some patients may experience a variety of these in combination.

Typically, these are transient. We may need to treat these reactions if necessary. In the vast majority of patients, these symptoms subside within one or two minutes. *On occasion, more severe reactions may occur that can be fatal or life threatening and require further treatment, such as medication and hospitalization*.

The patient has been advised of possible reactions.

I have read and understand and ***all*** my questions have been answered.

Your doctor has requested this procedure that requires IV contrast because he/she feels the potential benefit of the study outweighs the risk. If you have any further questions, please ask.

Patient Signature _____ Date _____

FOR OFFICE USE ONLY

eGFR _____ Creatinine _____ Date Drawn _____

Injected _____ cc _____ @ _____ am / pm

Technologist _____