



## CT PATIENT INFORMATION SURVEY

PATIENT'S NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ SEX: M F

1) Have you ever had an exam using intravenous contrast/dye? Yes No  
(Examples: IVP, CT, Heart Cath, Angiogram)

If yes, did you have any reaction to the contrast/dye? Yes No

Describe the reaction \_\_\_\_\_

2) Do you have any allergies to foods, medications, latex, or other? Yes No

If yes, please list \_\_\_\_\_

3) Do you have asthma, emphysema, or hayfever? Yes No

4) Do you have a personal or family history of kidney disease or kidney failure? Yes No

If yes, please specify: \_\_\_\_\_

5) Are you diabetic? Yes No

If yes, are you taking Metformin, Glucophage, Glucovance, Rosiglitazone (Advandamet), Pioglitazone/Metformin (Actoplus Met), or Sitagliptin/Metformin (Janumet)? Yes No

6) Do you have a history of multiple myeloma? Yes No

7) Do you have a history of pheochromocytoma? Yes No

8) Do you have any collagen vascular disorder (e.g. lupus)? Yes No

9) Do you have a history of cancer? Yes No

If yes, specify type, year, and treatment \_\_\_\_\_

\_\_\_\_\_

10) Do you have a history of smoking? Yes No

If yes, specify type, year, and treatment \_\_\_\_\_

\_\_\_\_\_

11) Are you pregnant or breastfeeding? Yes No

12) Have you had a recent blood test for kidney function? Yes No

13) Have you had any previous surgeries? Yes No

If yes, specify type, year, and treatment \_\_\_\_\_

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**\*\*STAFF USE ONLY\*\***

Examination: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Referring physician: \_\_\_\_\_

Reason for exam \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Creatinine result at KRC: \_\_\_\_\_ Elsewhere: \_\_\_\_\_ Date: \_\_\_\_\_

Contrast media injected                      OMNI 300                      VISIPAQUE 320

Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_ Volume \_\_\_\_\_ ml/cc

Pre-medicated: YES      NO      Reaction: YES      NO      Treatment: YES      NO

Describe: \_\_\_\_\_

Prior studies?    YES      NO    At KRC? YES      NO    If no, where? \_\_\_\_\_

Prior reports?    INCLUDED                      SENT FOR

Time exam sent: \_\_\_\_\_ HRS \_\_\_\_\_

Technologist: \_\_\_\_\_