

CT SCREENING FORM (Contrast)



Patient Name (please print):

Your doctor has scheduled you for an x-ray examination that requires an injection of contrast media into your bloodstream. The contrast media (also called x-ray dye or iodine) shows up white on x-ray film or CT images and helps the Radiologist interpret the films.

The IV contrast is given through a needle placed into a vein. Normally, contrast media is considered quite safe; however, any injection carries a small risk, including injury to a nerve, artery or vein, infection or an allergic reaction to the contrast media being injected. Rarely contrast may leak from the vein being injected. If a large amount leaks it has the potential to cause tissue injury. Occasionally, a patient will have an allergy to the IV contrast media such as hives. Uncommonly, a serious reaction can occur. The physicians and staff of the CT Department are trained to treat these reactions. Such a severe reaction is rare, occurring in approximately 1 out of every 10,000 exams.

Please review and answer the following questions:

- Do you have allergies to Iodine or IV contrast media? Yes No
If yes, what type of reaction?
- Have you had IV contrast media before? Yes No
- Have you ever been diagnosed with cancer? Yes No If yes, what type?
- Have you had chemotherapy? Date of last dose?
- Do you have multiple myeloma, sickle cell disease, pheochromocytoma? Yes No
- Do you have kidney disease? Yes No
- Do you have diabetes? Yes No
- Do you have a Port or PICC line? Yes No
- Are you receiving antibiotic therapy? Yes No
- Do you have a neurostimulator, or a deep brain stimulator? Yes No
- Please list all surgeries of the area being scanned:
- Have you had previous CT exams? Yes No
If yes, at what facility?
- Weight:

Female Patients Only

- Is there any chance you could be pregnant? Yes No
- Date of last menstrual period:
- Are you currently breastfeeding? Yes No

Patient Signature: _____

Date: _____

TECHNOLOGIST USE ONLY

Oral Contrast: _____ Time Given: _____
eGFR: _____ Date: _____ IV Line: _____ Gauge/Site: _____
Patient's Name: _____ Protocol #: _____ Protocol Rad: _____
Technologist's Name: _____