



Because of the presence of radiation and the potential for use of a contrast agent (dye), we must have an accurate medical and surgical history. Please answer the questions below.

Yes No Have you ever had an allergic reaction to CT contrast (dye)?
If yes, please describe your reaction and the treatment: _____

Yes No Is there any possibility that you are pregnant?

Yes No Are you diabetic?
If yes, please list your medications: _____

Yes No Do you have, or have you ever had, kidney disease? (this does not include kidney stones)

Yes No Are you on chemotherapy?
If yes, please list your medications: _____

Yes No Have you received contrast within the last 72 hours?

Yes No Do you have high blood pressure that requires medication?

Yes No Do you have Multiple Myeloma?

Yes No Are you taking hydroxyurea?

IF "YES" OR YOU ARE UNSURE ABOUT ANY OF THE ABOVE QUESTIONS, PLEASE TELL THE FRONT DESK STAFF IMMEDIATELY.

Yes No Do you have asthma?

Yes No Do you have any allergies, including medications?
If yes, list allergies: _____

Signature of patient: _____ Date: _____

Name of the person filling out this form, if other than the patient (please print): _____

Relationship to the patient (please print): _____

Technologist Initials: _____

Affix Pt Sticker Here