

CT QUESTIONNAIRE

GENERAL INFORMATION

Date _____

NAME			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
WEIGHT	HEIGHT	AGE	BIRTHDATE	

Referring Physician: _____

Briefly describe the problem(s) you are experiencing that made you see your doctor: _____

- No Yes Have you ever had any surgery in the area you are currently having problems?
 Type of surgery _____
- No Yes Do you have a personal history of cancer in any part of your body?
 What part of your body and when was this diagnosis made? _____

TO OUR FEMALE PATIENTS AGES 13 TO 54 YEARS OLD:

You must inform the technologist, prior to being scanned, if there is any chance you may be pregnant.

I am aware that there may be risks involved to my unborn child if exposed to xrays. I accept full responsibility if any future complications should arise.

X _____
 Signature

PLEASE INDICATE BELOW ANY RELATED STUDIES YOU HAVE HAD WITHIN THE LAST 3 YEARS, WHEN THEY WERE PERFORMED AND AT WHICH FACILITY:

Xrays _____ MRI _____

Computed Tomography (CT) _____ Ultrasound _____

I understand that I am requesting services from Bend Memorial Clinic, PC that may not be approved or covered by my insurance company. Authorization is not a guarantee of payment. Claims payment will be based on member eligibility, medical necessity benefits in effect at the time of service. I am agreeing to pay for these services personally if these services are not approved or covered.

X _____
 Signature of Patient or Responsible Party Requesting Services

CONSENT FOR CONTRAST MATERIAL INJECTION

CT uses a thin beam of low dose diagnostic xray with advanced computer technology to create a series of images that the radiologist reviews. Your physician has chosen contrast CT because it provides an ability to see certain kinds of pathology.

The contrast material is a clear liquid given through a small needle and injected into a vein in your arm. Normally, contrast material is considered quite safe. However, any injection carries a slight risk of harm including injury to a nerve, artery, vein, an infection or allergic reaction. Occasionally the patient will develop sneezing or hives. Uncommonly, (one case in a thousand) a serious reaction to the contrast occurs. Very rarely, (one case in forty thousand) death has occurred related to the contrast administration. Our radiologists and staff are trained to treat these reactions.

Certain patients are at a higher risk for experiencing a reaction to the contrast agent. We would like to identify these patients in order to take appropriate measures to try to prevent a reaction. Please fill out the check list below to help us prepare for your CT scan:

YES NO

- Do you have a known allergy to x-ray contrast?
- Are you on dialysis?
- Do you have a personal or family history of kidney failure?
- Have you had a kidney removed?
- Are you diabetic?
- Do you have a history of cancer or any chronic illness?
- Do you have a history of congestive heart failure?
- Are you older than 65?
- Do you take Glucophage (metformin) or Glucovance?
- Do you have multiple myeloma?

If you are at high risk we may prescribe medicine to be taken during the twelve hours before the injection to try to "block" an adverse reaction. We also use the newer family of contrast agents called "low osmolar" or "nonionic". Xray contrast has a long record of safety and effectiveness and these newer agents appear to have a lower incidence of reactions. However, serious reactions can still occur with low osmolar or non ionic agents. If you have any questions, you are encouraged and expected to ask your CT radiographer or the radiologist.

Your signature on this form indicates that:

1. you read and understood the information provided in this form.
2. you have had a chance to ask questions.
3. you have received all information you desire concerning the procedure.
4. you authorize and consent to the performance of the procedure.

Patient Signature _____ Date _____

Print Patient Name _____

FOR OFFICIAL USE ONLY Radiographer Procedure Notes, e.g., injection site, creatinine results w/date, etc. _____
CONTRAST TYPE _____ AMOUNT _____