

CARDIAC QUESTIONNAIRE

Date _____

NAME			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
WEIGHT	HEIGHT	AGE	BIRTHDATE	
MAILING ADDRESS				
CITY, STATE, ZIP				
HOME PHONE#	SS#	PHYSICIAN(S):		

I. Have you ever had:

- No Yes Heart bypass surgery? How many grafts? _____ What year? _____
- No Yes Balloon surgery, PTCA, or a Stent? How many stents? _____ What year? _____
- No Yes A stroke?
- No Yes Cancer? What kind? _____
- No Yes Coronary calcium score (or EBT) Date? _____ Where? _____
Score (Agatston) _____ (volume) _____

II. Do you have:

- No Yes Hypertension (High blood pressure)?
- No Yes Diabetes (high sugar levels)?
- No Yes High cholesterol?
- No Yes Do you take medicine for high cholesterol? What kind? _____
- No Yes A family member who had a heart attack, bypass surgery, sudden death or a stroke before age 60?
- No Yes Do you currently smoke chew tobacco?
- No Yes Do you have a past smoking history?
How many years? _____ packs per day? _____ quit date: _____
- No Yes Congenital disease (a heart defect at birth)?

III. In the last few weeks have you had:

- No Yes Chest tightness or pressure?
- No Yes Neck or throat or jaw or arm pain or tightness?
- No Yes Shortness of breath when you walk or climb stairs?
- No Yes Are the symptoms limiting your daily activities?
- No Yes Do the above symptoms usually get worse with exertion, stress, exercise or walking?
Do the symptoms you are having usually last: seconds minutes hours

IV. In the last few weeks have you had:

- No Yes Chest pain that is stabbing or sharp or an ache?
- No Yes Chest pain that is worse when you breathe?
- No Yes Heartburn or indigestion?

- No Yes Swelling of the ankles or feet?
- No Yes Shortness of breath when lying flat?
- No Yes Heart palpitations (skipping, racing, pounding, or irregular fluttering in your chest or throat?)
- No Yes Fainting or near fainting episodes?

CONSENT for CONTRAST MATERIAL INJECTION

CT uses a thin beam of low dose diagnostic x-ray 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. The risk of such a severe consequence is similar to that from the administration of penicillin. 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 or for contrast induced nephropathy. We would like to identify these patients in order to take appropriate measures to try to prevent a reaction or problems with renal function. Please fill out the check list below to help us prepare for your CT scan:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a known allergy to x-ray contrast?
<input type="checkbox"/>	<input type="checkbox"/>	Are you on dialysis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a personal or family history of kidney failure?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a kidney removed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you diabetic?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of cancer or any chronic illness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of congestive heart failure?
<input type="checkbox"/>	<input type="checkbox"/>	Are you older than 65?
<input type="checkbox"/>	<input type="checkbox"/>	Do you take Glucophage (metformin) or Glucovance?
<input type="checkbox"/>	<input type="checkbox"/>	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 "non-ionic". X-ray 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, and
4. you authorize and consent to the performance of the procedure.

Patient Signature Date

Print Patient Name

Witness ctinject.wps

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Radiographer Procedure Notes, e.g., injection site, creatinine results w/date, etc. _____

** For breast cancer patients – please specify which side:

CONTRAST TYPE _____ AMOUNT _____