CT Safety Screening & Medical History

Date of Exam: ____________________ Time: ________________________

Patient Name ____ DOB: ______________________

Study #1: ______________________________ Study #2 ______________________________

Study #3 ______________________________ Study #4 ______________________________

Referring Dr.: ______________________________

Please check YES or NO to the following questions

Do you have any implanted or external electronic medical devices; such as a pacemaker, defibrillator, neurostimulator, drug infusion pump, cochlear implant or retinal implant? YES NO

If YES, please specify ______________________________

Do you smoke or have a history of smoking?.. YES NO

Do you have a history of cancer?.. YES NO

If YES, please list type, treatment & when: ______________________________

Are you taking chemotherapy?.. YES NO

Do you have a history of multiple myeloma?.. YES NO

Do you have a history of kidney disease, stones or one kidney removed?.. YES NO

Are you pregnant? If YES inform a staff member immediately!.. YES NO

Are you diabetic?.. YES NO

If YES, are you taking Metformin, Glucophage, Giucovance, Glumetza, Fortamet, Metaglip, Actos Plus or Januvia? .... YES NO

Do you have any allergies to medication?.. YES NO

If YES, please list: ______________________________

Do you have any allergies to food?.. YES NO

If YES, please list: ______________________________

Do you have any allergies to IV Contrast (IV dye or iodine)?.. YES NO

If YES, what type of reaction did you have? ______________________________

Hives Itching Breathing Other ______________________________

Previous surgeries and dates: ______________________________

Why are we doing the scan? ______________________________

Current medications: ______________________________

Have you had a CT Scan or an MRI on the area we are scanning today?.. YES NO

If YES, what type, when and where? ______________________________

Do you have a follow up appointment scheduled with your physician? .... YES NO

If YES, date of appt: ____________________

Height: ____________________ Weight: ____________________

Signature: ____ **Date:** ______________________