

CT History Form

To be completed by the patient:

Why are you having this CT? _____

If this exam is related to an injury, how did it occur? _____

If this exam is related to pain, where is the pain located? _____

List any surgeries related to your area of exam _____

YES NO

Do you have a history of cancer? What type: _____

Did you have Chemotherapy Radiation If yes, specify date of last treatment: _____ / _____

For female patients only:

Are you pregnant or possibly pregnant? If yes, how many weeks? _____

For patients receiving IV contrast:

1. Do you have multiple myeloma, adrenal tumor (pheochromocytoma), myasthenia gravis (gMG), or auto immune disease?

2. Do you have sickle cell anemia or are you in sickle cell crisis?

3. Are you on dialysis?

4. Do you have renal impairment?

5. Do you have just one kidney or have you had a kidney transplant?

6. Are you diabetic?

7. Are you being treated for Polycystic Ovarian Syndrome (PCOS)?

If yes to #6 or #7 do you take Metformin, Glumetza, Fortamet, Riomet, Glucophage or Glucophage XR?

8. Are you allergic to iodine, or imaging contrast? If yes:

8a. Date occurred? _____ / _____

8b. Describe the reaction that occurred. _____

8c. Were you pre-medicated prior to the exam?

Date Time Patient/Legally Authorized Person/Care Giver Signature Print Name Relationship
 Phone
OR Video

Qualified Staff / Interpreter Signature Print Qualified Staff / Interpreter Name ID Number Language Interpreted

For staff use only

GFR: _____ Creatinine: _____ Date: _____ Time: _____

• Inpatient/ED - All patients age 18 and over; Labs (GFR) within 7 days.

• Outpatient - All patients age 60 and older; Labs (GFR) within 45 days.

• Pediatric - labs not required.

• All ages - If answering "Yes" to question(s) #1-6. GFR required.

o If GFR 30 or greater, give contrast and follow appropriate GFR pathway below. If GFR **29 or less**, contact radiologist.

Pathway A: 46 - 60 GFR. Pre & post procedure hydrations are recommended. No need to contact radiologist.

Pathway B: 30 - 45 GFR. Pre & post procedure hydrations are required. No need to contact radiologist.

Pathway C: 0 - 29 GFR. Contact radiologist.

• If answering "Yes" to question #8 & 8c, refer to CT Pre-Procedure IV Contrast Power Plan 959-3219.

***In the event of an additional exam, do not call radiologist for re-injection clearance when GFR is greater than 60 and total iodinated contrast will not exceed 250mL in a 24-hour period.**

Technologist Authentication OPID Date Time

CT History Form 040-1002 (4/17) MPC 202882

Current Weight _____

Height _____

Patient Label or

Patient Name _____ Female Male

DOB _____ MRN _____