



# CT Contrast Screening Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Wt \_\_\_\_\_

**Have you had IV contrast before?** NO YES (If yes detail below)

Type \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

**Have you ever had a reaction to IV contrast?** NO YES (If yes detail below)

Details \_\_\_\_\_

**Are you allergic to anything?** NO YES (If yes detail below)

Details \_\_\_\_\_

**Females:**

Any chance of pregnancy? YES NO LMP \_\_\_\_\_ Breastfeeding? Y N

**Please Check Any That Apply:**

- Kidney problems
- Dialysis
- Diabetes
- Pheochromocytoma
- Asthma
- Cancer \_\_\_\_\_
- Multiple Myeloma or Sickle Cell Disease
- Liver disease
- Heart disease
- Lung Disease

**Medication List:**

- Metformin or Glucophage medication  
Type \_\_\_\_\_  
Last taken date/time \_\_\_\_\_  
Stopped? \_\_\_\_\_

Other Medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CT Patients:**

I understand that iodinated contrast material will be injected. The risks include various allergic reactions. Most reactions are minor, and inflammation at the injection site can occur. On rare occasions, severe reactions can occur.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Labs:** BUN \_\_\_\_\_ Creatinine \_\_\_\_\_ GFR \_\_\_\_\_

**Contrast:** Type \_\_\_\_\_ Amount \_\_\_\_\_ Site \_\_\_\_\_

**Tech Comments** \_\_\_\_\_

Supervising Physician:  Dr. Mendi  Dr. \_\_\_\_\_

**Reviewed by Tech (Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

Translator \_\_\_\_\_