

Patient: _____ Date of Birth: ___/___/___ Age: _____

Is anyone with you today? Yes No Name: _____ Height _____ Weight _____

Reason for today's exam: _____

Female Patients: Is there any chance you might be pregnant? Yes No **Last menstrual cycle:** _____ IUD/ HYST/ TUBAL

Do you have a history of any of the following:	YES	NO
• Kidney Transplant or Kidney Surgery?	<input type="checkbox"/>	<input type="checkbox"/>
• Kidney disease or Kidney failure?	<input type="checkbox"/>	<input type="checkbox"/>
• Myasthenia gravis?	<input type="checkbox"/>	<input type="checkbox"/>
• Cancer? If yes, please list _____	<input type="checkbox"/>	<input type="checkbox"/>
• Peritoneal disease or Lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes? If yes, please list the medications you are taking for your diabetes: _____	<input type="checkbox"/>	<input type="checkbox"/>
• Do you take any drugs containing Metformin? If so, please list _____	<input type="checkbox"/>	<input type="checkbox"/>
• Any surgeries to the body part we are scanning today? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had any abdominal surgery in the past month?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any allergies (medications, food, etc.)? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been injected with CT IV contrast, also called "x-ray dye"?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever experienced a rash, hives, or difficulty breathing from being injected with IV contrast during a CT Scan, Cardiac Cath or IVP?	<input type="checkbox"/>	<input type="checkbox"/>
• Any prior imaging (CT scan, MRI, Ultrasound, etc.) pertaining to the body part being imaged today? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>

Consent for Contrast Material Injection if Required for Exam

Contrast media or x-ray dye assists the radiologist is interpreting your images and is considered quite safe. It is injected into the bloodstream through a small IV needle. As with any medication, occasionally a mild reaction can occur causing sneezing and/or hives. Rarely, (1 in 1,000) may experience a more serious reaction. Our physicians and staff are trained to treat these reactions. Please alert your technologist if you have ever experienced any "allergic-like" reaction to any contrast media.

I have read the above information and had my questions or concerns answered. I understand that the results of this procedure will be sent to my ordering (referring) physician. All information provided on this form is correct to the best of my knowledge.

_____/_____/_____
Patient or legal guardian *Today's date*

Technologist's use only

PID: _____	Tech: _____	IV placed: RT LT AC HA FA Other: _____
DLP: _____	Time of injection: _____	Gauge: 24 22 20 18
		Omni 300 350 _____CC Lot and Exp: _____
		Contrast waste: _____
Creatinine: ISTAT or Date Drawn: _____	Creat: _____ GFR _____	
Tech Comments: _____		

Pregnancy Consent:

Your referring physicians along with our Radiologist have determined this exam would obtain diagnostic value to determine your plan of treatment. Scanning techniques are optimized in pregnant patient exams to achieve a radiation dose as low as reasonably achievable. Radiation protection will be applied by the technologist in the form of breast and lap shields. As the patient you acknowledge the risks, benefit, and desired outcome of your CT exam and give written consent.

Patient or legal guardian

____/____/____
Today's date

Radiologist Approval

Nursing Mothers:

The American College of Radiology has determined a very minimal risk (less than 1%) of contrast passed from mother to baby through breast milk. It is safe for the mother and infant to continue breast-feeding after receiving CT contrast.

Ultimately, an informed decision to temporarily stop breast-feeding should be left up to the mother after these facts are communicated. If the mother remains concerned about any potential ill effects to the infant, she may abstain from breast-feeding from the time of contrast administration for a period of 12 to 24 hours. There is no value to stop breast feeding beyond 24 hours. The mother should discard breast milk from both breasts during that period.

American College of Radiology, ACR Manual on contrast media.
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