Patient Information for Computed Tomography

SIGNATURE



Your doctor has ordered a ALL PATIENTS, PLEASE COMPLETE THE FOLLOWING QUESTIONS: 1. Do you have allergies? ☐ Yes ☐ No 5. Do you have heart disease? Yes No 2. Do you have diabetes? (If yes, state medications below) 6. Do you have any type of kidney disease? ☐ Yes ☐ Yes ☐ No 3. Is there a possibility you are pregnant? Yes No 7. Do you have Multiple Myeloma? Tyes No 4. Do you have asthma Yes No 8. Patient Date of Birth: I have the following Allergies: I am taking the following medication for my diabetes: **Patient Name** Patient or Responsible Party Signature Date INFORMATION FOR EXAMS WITH CONTRAST (Only complete if having contrast injection) This is an x-ray examination that requires the injection of contrast material or "x-ray dye" into your blood stream. The contrast will improve the overall examination by providing very clear image of certain parts of the body. The contrast material is injected through a needle that is inserted into your vein, either in your forearm or on the back of your hand. Immediately after the injection some people feel a warm sensation, a flushed feeling, or a metallic taste in their mouth. This is normal and no cause for concern. In some cases, mild nausea may occur. Normally contrast material is considered quite safe; however, any injection carries a slight risk of harm including injury to a nerve, artery, or vein, infection or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast material and develop sneezing or hives. Uncommonly, (about one case in 250,000) a serious reaction to the contrast occurs (sudden drop in blood pressure, cardiac arrest or death). The physicians and staff are trained to treat these reactions. Certain patients are at higher risk for experiencing a reaction to the contrast material, including patients with the following history or prior conditions. If you have had any of the conditions listed or may be excluded due to one of the following, please indicate which condition may exclude you by stating yes or no. 1. Have you ever had contrast material injected into your 2. If yes, have you had a reaction to the dye? ☐ Yes ☐ No veins? Tyes No I have read and understand the complications and problems that may occur during this procedure and during the post procedure period. I understand that there is a remote risk of death or serious disability with this or any procedure. I certify that I have read and understand this information and all blanks were filled in as requested. I further authorize the doctor to do any other procedure that in his judgement may be necessary or advisable should an unforeseen event arise or circumstances warrant during the procedure. The details of this procedure have been explained to me in terms I am able to understand. I also understand the risks. I have been advised that though no complications are expected, they cannot be anticipated and that therefore there can be no guarantee, either expressed or implied, as to the results of the procedure. The staff has answered all of my questions. I authorize and direct the staff to inject contrast material and to provide such additional care and services that they may deem reasonable and necessary in the event of a complication. Patient Name Patient or Responsible Party Signature Date FOR STAFF ONLY INJECTION SITE: TYPE OF IV: LOT#: CONTRAST: AMOUNT OF CONTRAST: EXP#: DRAWN: GFR CREATININE: