IMAGECARE RADIOLOGY

# CT SCAN QUESTIONNAIRE

Name:_____ DOB: _____ Date:_____

1. Why did your doctor order this scan?_____

2. Please describe any pain/discomfort you have:_____

**3.** Have you ever had a CT before? **YES NO**

If yes, what type, when and where?_____

**4.** Have you ever received IV contrast (dye) before**?** **YES NO**

**5.** Do you have any **allergies** to food, medicine, NutraSweet or latex? **YES NO**

If yes, what? _____

**6.** Are you diabetic? **YES NO**

**IF YES**, do you take: GLUCOPHAGE , GLUCOVANCE, AVADAMET, METAGLIP, METFORMIN, ACTOPLUS-MET, JANUMET, GLUCOPHAGE X-RAY

**IMPORTANT: These medications must not be taken 48 hours after your scan**

Have you ever been diagnosed with cancer: **YES NO** If yes, what type and when?_____

*Radiation therapy:* **YES NO** When:_____ *Chemotherapy:* **YES NO** When:_____

Have you ever had a major surgery? **YES NO**

If yes, what type and when?_____

Do you have a history of kidney disease, renal failure/disease, renal insufficiency, or do you have only 1 kidney? **YES NO**

Do you have sickle cell disease? **YES NO**

Do you have multiple myeloma? **YES NO**

Have you ever had an allergic reaction to IV contrast before? **YES NO**

If yes, please describe what happened?_____

Do you have any pheochromocytoma (adrenal mass)? **YES NO**

Do you have any major medical problems? **YES NO**

If yes, what?_____

****Is this related to a motor vehicle accident? YES NO**

****Is this related to a worker's compensation claim? YES NO**

***FEMALE PATIENTS ONLY:***

Are you pregnant? **YES NO** Last menstrual period:_____

Are you trying to get pregnant? **YES NO**

Are you breastfeeding? **YES NO**

Any breast surgeries? **YES NO** If yes, which side and when?_____

Have you had a hysterectomy? **YES NO** If yes, when?_____

**Patient Signature:**_____ **Date:**_____