



CT Questionnaire

Name: _____ DOB: _____ Date: _____

1. Reason for today's exam: _____

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. Do you have any **allergies** to food, medicine, NutraSweet or latex? **YES NO**
If yes, describe: _____

5. Have you ever been diagnosed with cancer? **YES NO** If yes, what type and when? _____
Radiation therapy: YES NO When: _____ *Chemotherapy: YES NO* When: _____

6. Have you ever had major surgery? **YES NO**
If yes, what type and when: _____

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

8. Do you have any major medical problems? **YES NO**
If yes, describe: _____

9. Have you ever smoked cigarettes in the past, or are you currently a smoker? _____
If yes, please indicate the date you quit, if applicable: _____

PLEASE COMPLETE IF CT IS BEING PERFORMED WITH IV CONTRAST:

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

If yes, have you ever had an allergic reaction to IV contrast before? **YES NO**

If yes, please describe the symptoms experienced: _____

Are you diabetic? **YES NO, IF YES**, do you take: GLUCOPHAGE , GLUCOVANCE, AVADAMET, METAGLIP, METFORMIN, ACTOPLUS-MET, JANUMET? *****IMPORTANT: These medications must not be taken 48 hours after your scan**

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**

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: _____

**Is this test related to a motor vehicle accident or slip and fall that is currently YES NO
under litigation or may be in litigation in the future?

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

Patient or Guardian Signature: _____ Date: _____