MEMORIAL RADIOLOGY ASSOCIATES, LLC - CT QUESTIONNAIRE FORM

Patient Name: _____ Type of exam: _____

Circle All Yes or No Below*

Height/Weight: _____

Reason for CT and/or Symptoms: _____

Prior Surgeries (specify type and date):_____

_____

Have you had a previous CT/MRI scan performed? Yes No
If yes, when and where was it performed? What body part? _____

Are you allergic to any medication? Yes No **Are you allergic to any foods?** Yes No
If yes, please list and describe reaction: _____

Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? Yes No
If yes, describe reaction: _____

History of cancer? Yes No
If yes, please specify type and date of diagnosis? _____

Were you treated with Chemotherapy or Radiation? Yes No
If yes, please specify type and date of last treatment: _____
Port-a-Cath: Yes No If yes, is it a Power Port and can we access it? Yes No

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, renal (kidney) failure, renal (kidney) transplant, or liver (hepatic) disease? Yes No
If yes, please describe: _____

Are you diabetic? Yes No If yes, what medication are you taking? _____

Are you on dialysis? Yes No **Do you have asthma?** Yes No **Do you have history of heart disease?** Yes No

Do you have Multiple Myeloma? Yes No **Have you ever smoked?** Yes No **Claustrophobic** Yes No

Have you eaten in the last 4 hours? Yes No **Have you ever had difficulty having an IV started (bad vein)?** Yes No

Female Patients Only: I could be pregnant. Yes No Breastfeeding Yes No My last menstrual period date: _____

I attest that the above information is correct to the best of my knowledge. I read & understand the contents of this form & had the opportunity to ask questions regarding the information on this form & regarding the CT procedure that I am about to undergo.

_____ _____ Date ____/____/____
Patient/Parent/Legal Guardian Signature Relationship

****Only if ordered with contrast****

Your doctor has asked that a CAT scan be performed using intravenous contrast material. This is an iodine containing solution that aids in the visualization of your organ and blood vessels, which helps in the diagnosis of pathology in various parts of the body. If you have any questions, you will be able to speak to the CAT scan technologist.

I understand as with administration of any medication there is a possibility of an allergic reaction.

_____ _____ Date ____/____/____
Patient/Parent/Legal Guardian Signature Relationship

Advanced Directive/ Living will? Yes No (If yes, please provide a copy to the technologist so we can respect your wishes)
If No, would you like information on Advanced Directives/ Living Wills? Yes No