SJRA

SOUTH JERSEY RADIOLOGY ASSOCIATES, P.A.

CT Contrast Form

Exam date _____

Patient name _____ DOB _____

☐ Female ☐ Male Weight _____ Height _____

Why are you having this test? _____

_____

How long have you had these symptoms? _____

Circle the level of pain you experience: 0 1 2 3 4 5 6 7 8 9 10 (most severe)

Do you have or have you been treated for the following:

- ☐ Kidney disease
- ☐ Kidney surgery
- ☐ Diabetes
- ☐ Kidney transplant or Single Kidney
- ☐ Cancer (type): _____
- ☐ Asthma – Meds _____
- ☐ Asthma attack in the last 3 months
- ☐ Change in asthma meds past 2 weeks
- ☐ Allergy to Iodine or contrast material

List all Allergies: _____

Please list all current medications: _____

_____

Yes	No	
☐	☐	Have you had a radiologic study / x-ray relating to this study? When / where: _____
☐	☐	Have you ever had an injection of IV contrast? If yes, any reaction to injection? _____
☐	☐	Have you ever had any major surgery? What / when: _____ _____
☐	☐	Are you currently taking any medication containing Metformin?
☐	☐	Do you have or have you been treated for the following: Liver Dysfunction, history of alcohol abuse, Cardiac failure, Myocardial disease, Peripheral Muscle Ischemia or Peripheral Vascular disease (PVD)?
☐	☐	Are you currently breast feeding?
☐	☐	Is there any possibility that you are pregnant?
☐	☐	Are you or have you ever been a smoker? If you have quit, when? _____
☐	☐	Do you have a cardiac pacemaker or defibrillator?

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Patient name: _____

By explanation, the injection of organic iodine compound is necessary to study your internal organs properly. Everyone experiences a variety of sensations from warmth to "a real hot feeling." Patient may experience:

A. itching
B. hives
C. throat sensation, including nausea and wheezing
D. general abdominal reactions including nausea/vomiting and/or a sense of an urgency to urinate. Some patients may experience a variety of these in combination.

Typically, these are transient. We may need to treat these reactions if necessary. In the vast majority of patients, these symptoms subside within one or two minutes. *On occasion, more severe reactions may occur that can be fatal or life threatening and require further treatment, such as medication and hospitalization.*

Your doctor has requested this procedure that requires IV contrast because he/she feels the potential benefit of the study outweighs the risk. If you have any further questions, please ask.

The patient has been advised of possible reactions.

I have read and understand and ***all*** my questions have been answered. I consent to the use of the IV contrast for this imaging study.

Patient Signature _____ Date _____

OFFICE USE ONLY

Creatinine _____ Date Drawn _____ Steroid prep? **Y** **N**

Injected _____ cc _____ @ _____ am / pm

Contrast: Lot # _____ Exp date _____

Technologist
_____

Notes:
_____