Woodlands Imaging ◆ 1960 Digital Imaging ◆ I-Imaging

CT, IVP PROCEDURE QUESTIONNAIRE

PATIENT NAME_____PATIENT #_____

EXAM ORDERED_____ REFERRING PHYSICIAN_____

SYMPTOMS_____ AGE_____

_____

_____ SEX M F

CIRCLE ONE

Y	N	ASTHMA/ HAYFEVER	Y	N	HYPERTENSIVE RENAL DISEASE (KIDNEY)
Y	N	CONGESTIVE HEART FAILURE	Y	N	MULTIPLE MYLEOMA
Y	N	DIABETES	Y	N	RENAL FAILURE (KIDNEY)
Y	N	DO YOU TAKE GLUCOPHAGE, METFORMIN,	Y	N	RESPIRATORY FAILURE
		GLUCOVANCE OR AVANDAMET ?	Y	N	SICKLE CELL DISEASE
Y	N	FIBRILLATION OR HEART FLUTTER	Y	N	STROKE
Y	N	HIGH BLOOD PRESSURE	Y	N	ANGINA(SEVERE PAIN IN THE CHEST)
Y	N	HEART DISEASE/ PROBLEMS	Y	N	ARE YOU NURSING A BABY?
Y	N	GENERALIZED SEVERE DEBILITATION			

IF YES DESCRIBE:_____

_____

_____

PLEASE LIST ALL ALLERGIES BELOW

1._____ 3._____

2._____ 4._____

PLEASE LIST ALL MEDICATIONS

1._____ 3._____

2._____ 4._____

PLEASE LIST ALL SURGERIES

1._____ 3._____

2._____ 4._____

HAVE YOU HAD PREVIOUS CT, XRAYS, OR MRI RELATED TO THIS PROBLEM?

IF YES, WHEN & WHERE: CT_____

XRAYS_____MRI_____

PATIENT'S INITIALS_____ LAST MENSTRUAL PERIOD_____

TECHNOLOGIST USE ONLY:			
Patient Status: Debilitated or Ambulatory BP:_____			WT:_____
Was the patient pre-medicated	YES	NO	Fasting? YES NO

Contrast injected:_____		Lot#_____	Exp Date:_____
Volume:_____ml	Time:_____	Injection Site:_____	
Technologist _____		Radiologist:_____	
Additional Notes:_____			