# MRI SPECIALISTS OF TULSA
# CT AND IV CONTRAST HISTORY AND SCREENING FORM

Today's Date:_________________ Referring Physician:______________________________

Patient Name_________________________________________________________Sex: M F
Birth Date:___________________Age:____________Weight:____________Height:______________

Explain your medical problem in detail that is the reason for you having this CT scan test today. (Where is the problem? How long have you had this problem?)

____________________________________________________________________________________
____________________________________________________________________________________

**Have you had a previous exam related to this problem? Yes No If yes, where was the exam performed?** ____________________________________________________________
List other medical problems: ______________________________________________________
List previous surgeries: __________________________________________________________
List all allergies: _______________________________________________________________

## CONTRAST HISTORY

Are you taking Glucaphage? Yes No BUN________CREATININE___________

List of Medications? ________________________________________________________________

Have you ever had an allergic reaction to x-ray contrast? Yes No
If yes, explain: ____________________________________________________________________

**Any personal history of:**

| | | |
|---|---|---|
| Asthma | Yes | No |
| Diabetes | Yes | No |
| Kidney Disease | Yes | No |
| Cancer | Yes | No |
| HIV/AIDS or Hepatitis | ☐ Yes | ☐ No |
| Multiple Myeloma | Yes | No |
| Are you breast-feeding? | Yes | No |
| Are you pregnant at this time? | Yes | No |
| Are you on any blood thinners? | ☐ Yes | ☐ No |

When was the first day of your **last** menstrual cycle? ___________________________________
What birth control method are you currently using? ___________________________________

I have answered these questions to the best of my knowledge and understand the information presented to me. I have also informed the technologist **that I am not pregnant** at this time.

_________________________________________ _________________________________________

PATIENT/PARENT/LEGAL GUARDIAN SIGNATURE TECHNOLOGIST SIGNATURE

For Technologist to Complete

**Not applicable to this exam**

________ **cc of** _____________ **with** a_____________________@_________ **X**_________
**Amount** **Type of contrast** **Gauge & Needle Type** **Time** **# of punctures**
**In**_____________________ **Lot #**__________________ **Expiration Date:** _____________
**Site Location** **By:** _______________________________________________________
**Contrast Reaction** **Yes** **No** **Explain:** ______________________________________
Physician covering contrast_________________________________ Fluoro Time _____