

Patient Name: _____	Gender: _____	DOB: _____	Age: _____
Height: _____ Feet _____ Inches	Current Weight: _____ lbs		
Referring Physician: _____		Procedure: _____	
Reason you are here today for an exam? Explain your medical problem in detail. _____			
Have you had a previous imaging study related to this problem (x-ray, ultrasound, CT, MRI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: What exam? _____			
When? _____ Name of facility: _____			

List any drug or food allergies: _____

List previous surgeries: _____

Medications you are presently taking: _____

Any other medical issues we should know about: _____

<u>Female Patients Only</u>	
Is there any chance you may be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last period: _____
Are you breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>For Contrast Exams Only</u>	<u>For Contrast Exams Only</u>
Have you ever had a previous allergic reaction to injected contrast during a CT, MRI, or X-Ray? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	
<u>Any Personal History of:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure
<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No Blood Disorder/Sickle Cell
<input type="checkbox"/> Yes <input type="checkbox"/> No Liver Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease/Kidney Failure
<input type="checkbox"/> Yes <input type="checkbox"/> No Multiple Myeloma	<input type="checkbox"/> Yes <input type="checkbox"/> No Dialysis
<input type="checkbox"/> Yes <input type="checkbox"/> No Cancer If yes, please specify _____	

Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking Metformin hydrochloride (Glucophage, Glucovance, Avandement, Metaglip, and Fortamet)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patients with Diabetes
If you are taking Metformin (Glucophage, Glucovance, etc.) and having a contrast injection in X-ray or CT today, you will be asked to stop taking it for 48 hours post injection of contrast media. Contact your primary physician prior to restarting your Metformin to make sure your renal functions are okay.
I will stop my Metformin and contact my physician before restarting it. _____ (Initial Here)

Acknowledgement: I have answered these questions to the best of my knowledge and understand the information presented to me. If I am to have intravenous contrast with my procedure, I have been informed of the risks. I give consent to the performance of a/an _____

Patient/Parent/Guardian Signature: _____ **Date:** _____