

Weill Cornell Imaging at NewYork-Presbyterian

Date: ____ / ____ / ____ Name: _____

Address: _____

Phone Numbers: Home () _____ Work () _____

Age: _____ Height: _____ Weight: _____ Sex: M F

Do you have an allergy to latex? **Yes** **No**

Do you have an allergy to iodine? **Yes** **No**

Have you had a previous reaction to X-ray dye? **Yes** **No**

Do you have any allergies to medicines? **Yes** **No**

If yes, please list the medications: _____

Do you have any of the following:

Known Significant Atherosclerotic Disease **Yes** **No**

Asthma **Yes** **No**

Pheochromocytoma **Yes** **No**

Kidney Disease **Yes** **No**

Last Dialysis ____ / ____ / **20** **Yes** **No**

Hay Fever **Yes** **No**

Multiple Myeloma **Yes** **No**

Collagen Vascular Disease **Yes** **No**

Sickle Cell Disease **Yes** **No**

Receiving chemotherapy in the last two months **Yes** **No**

Diabetes with known/suspected kidney dysfunction **Yes** **No**

Are you taking insulin? **Yes** **No**

Oral Diabetic Medication Glucophage? **Yes** **No**

Please list medications taken regularly: _____

Last Menstrual Cycle: _____ **Are You Pregnant?** **Yes** **No** **Breastfeeding:** **Yes** **No**

Have you had a previous imaging scan at Weill Cornell Medical Imaging at NewYork-Presbyterian? **Yes** **No**

If so, when? _____

For what medical problems are you having this study? _____

How long have you had this problem? _____ Which side? Left Right

Have you had any surgery on the area to be examined? **Yes** **No**

List surgical procedures and dates: _____

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X-RAY: CONTRAST QUESTIONNAIRE

Your imaging procedure requires the administration of an X-ray dye/contrast (these are two commonly used names for the same thing) which helps the physician interpret your examination.

Have you ever had an injection of X-ray dye/contrast? **Yes** **No**

Have you ever had X-ray dye/contrast by mouth, rectum, or other body cavity? **Yes** **No**

Have you ever had, as a result of x-ray dye/contrast, any of the following:

Hives: **Yes** **No**

Shortness of breath: **Yes** **No**

Fainting or collapse: **Yes** **No**

X-ray dye/contrast is administered by either an injection through a small needle placed into your vein or by mouth, rectum, or body cavity. During the administration of the X-ray dye/contrast you may experience a feeling of warmth, which is normal and expected.

Administration of X-ray dye/contrast is quite safe. However, there is a risk of a reaction. Uncommonly (1 out of 1,000), patients develop sneezing and hives. Very rarely (1 out of 70,000), death has occurred related to an adverse response to the X-ray dye/contrast.

If you have any questions, please speak to any staff member and they will contact a physician to answer your questions.

Questionnaire Completed By:

Print Name

Signature

____/____/20____
Date

Questionnaire Reviewed By:

Print Name

Signature

MD/RN/PA/TECH _____
ID Code