

## CT QUESTIONNAIRE/AUTHORIZATION

(Office use)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M ☐ F ☐

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

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

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

If yes, please list the medications: \_\_\_\_\_

Do you have any of the following? (Please check all that applies):

**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

**Mediport/Implanted Infusion Device** ☐ Yes ☐ No

Please list medications taken regularly: \_\_\_\_\_

**Last Menstrual Cycle:** \_\_\_\_\_ **Are You Pregnant?** ☐ Yes ☐ No **Breastfeeding:** ☐ Yes ☐ No

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: \_\_\_\_\_

**Please turn page over** 

## CT QUESTIONNAIRE/AUTHORIZATION

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Your imaging procedure may require 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 a reaction to x-ray dye/contrast?

☐ **Yes** ☐ **No**

If YES to any of the above, did you experience any of the below:

**Hives:**

☐ **Yes** ☐ **No**

**Shortness of breath:**

☐ **Yes** ☐ **No**

**Fainting/Collapsing:**

☐ **Yes** ☐ **No**

X-ray dye/contrast is administered by either an injection through a small needle place 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 as an adverse reaction to the dye/contrast. 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.

I authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.

Questionnaire Completed By:

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Print First and Last Name Signature Date

### (FOR OFFICE USE ONLY)

Questionnaire Reviewed By Technologist/ Nurse/ MD:

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Print First and Last Name Signature MD/RN/TECH Date