

(Office use)

CT QUESTIONNAIRE/AUTHORIZATION

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 

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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 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 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