Weill Cornell Imaging
NewYork-Presbyterian Weill Cornell Medicine

T: 212-746-6000 | www.wcinyp.com | F: 646-962-0122

(office use)

CT QUESTIONNAIRE/AUTHORIZATION

Name: _____ **Date of Exam:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Height:** _____ **Weight:** _____

1. Why are you having this exam?

_____

2. Do you have an allergy to Latex? ◯ Yes ◯ No

3. Do you have an allergy to iodine? ◯ Yes ◯ No

4. Do you have a history of Diabetes Mellitus? ◯ Yes ◯ No

   If YES, are you on any medication? ◯ Yes ◯ No

5. Do you have a history of kidney disease, kidney failure, transplant kidney tumor and/or kidney surgery/ interventional procedure of any kind? ◯ Yes ◯ No

6. Do you have high blood pressure (also known as hypertension)? ◯ Yes ◯ No

7. Have you been told by your doctor that you have protein in your urine? ◯ Yes ◯ No

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.

8. **Have you ever had an injection of x-ray dye/contrast? If YES, please answer the following:** ◯ Yes ◯ No

   Have you ever had hives following x-ray dye/contrast? ◯ Yes ◯ No

   Have you ever had shortness of breath following x-ray dye/ contrast? ◯ Yes ◯ No

   Have you ever fainted/collapsed following x-ray dye/contrast? ◯ Yes ◯ No

9. **FEMALE PATIENTS**

   Is there any possibility that you are pregnant? ◯ Yes ◯ No

   Are you breastfeeding? ◯ Yes ◯ No

   When was your last menstrual cycle? _____

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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.

Signature of Patient:
(Parent or Guardian) _____ Date: _____

(office use)

Front Desk Staff:_____ Signature: _____

Technologist:_____ Signature: _____

Nurse:_____ Signature: _____