PROGRESSIVE DIAGNOSTIC IMAGING

CT SCAN PATIENT QUESTIONNAIRE

Please answer the following questions to the best of your ability and review any questions left unanswered with the technologist.

How did you hear about us? _____

Name: _____ DOB: _____

1. Do you have any of the following medical conditions:

Diabetes	Yes___ No___
Kidney disease	Yes___ No___
Known pheochromocytoma/adrenal mass	Yes___ No___

1. Have you had previous contrast studies within the past couple of days? Yes___ No___
2. Have you previously had any reactions to a contrast dye? Yes___ No___

   If yes, what kind of reaction? _____
3. What are the reasons for CT scan, location and symptoms you are experiencing?

   _____
4. Have you had any previous testing done of the area being scanned? Yes___ No___

   If yes, what/where/when

MRI	When _____	Where _____
CT	When _____	Where _____
Ultrasound	When _____	Where _____
X-Ray	When _____	Where _____

5. Have you had any prior surgeries on the area being scanned? Yes___ No___

   If yes, please describe: _____
6. Is there any chance of pregnancy? Yes___ No___

7. Do you have any known allergies? Yes___ No___

   If yes, please describe: _____

8. Are you taking the drug Glucophage for the treatment of diabetes? Yes___ No___

   If yes:

   DO NOT RESUME MEDICATION UNTIL 48 HOURS AFTER STUDY

   When was your last dose? Date: _____

   Did you inform the receptionist that you are taking Glucophage? Yes___ No___

9. If a contrast injection is deemed necessary by the ordering physician or the radiologist, I will give my informed consent to be given the injection. Yes___ No___

I, _____ hereby confirm that I have completed this form in its entirety and to the best of my ability. The facility and/or its employees will not be held responsible for any misinformation I have provided during and after the time of service.

X_____ Date: _____

Signature of patient, patent/guardian