

CT Patient Questionnaire

Name		MR#		DOB	
Procedure		Phone		Date	

CT Outpatient Questionnaire

This section should be filled out by/for all CT patients

Please describe the Reason for this Examination			
Please describe your Current Medical Problems			
Do you have Pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	For how long?
Have you ever been diagnosed with Cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What kind?	
Have you ever had Surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the type of surgery & date:	
<i>For Female Patients</i> Is there a chance you are pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing below, I indicate that I have answered the above questions to the best of my ability.

Patient Signature		Date	
Please print name of person filling out this form <i>(if not filled out by the patient)</i>			

Contrast Questionnaire & Information

This section is only for those receiving IV Contrast

Have you had x-ray dye or contrast material before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe any reaction to it:		
Do you have any known allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list those allergies:		
Please indicate if you have any of the following conditions:		<input type="checkbox"/> Asthma	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Collagen Vascular Diseases (e.g. Lupus)
		<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Family History of Kidney Disease	<input type="checkbox"/> Multiple Myeloma
		<input type="checkbox"/> Diabetes	<input type="checkbox"/> Single Kidney	<input type="checkbox"/> None of the above
		<input type="checkbox"/> Kidney Disease		
<i>For Diabetic Patients</i> Please indicate if you take any of the following medications:		<input type="checkbox"/> Metformin	<input type="checkbox"/> Janumet	<input type="checkbox"/> Fortamet
		<input type="checkbox"/> Glumetza	<input type="checkbox"/> Avandamet	<input type="checkbox"/> Metaglip
		<input type="checkbox"/> ActoPlus	<input type="checkbox"/> Kombiglyze	<input type="checkbox"/> Glucophage
Do you take a NonSteroidal Anti-Inflammatory drug everyday? <i>(i.e. Advil, Motrin, Ibuprofen, Anaprox, Aleve, Naprosyn)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Your imaging procedure involves the administration of intravenous contrast agent (X-ray dye) that contains iodine which provides the radiologist with a more detailed picture that will help in interpreting your examination. Intravenous contrast/X-ray dye is administered by injection through a small needle placed into your vein. During the administration you may experience a feeling of **warmth throughout your body**. Some people report a **metallic taste** in their mouth. Both feelings are **normal and temporary**. The intravenous contrast has been in use for many years and is generally considered safe. However, as with any medication or pharmaceutical, a very small number of patients may experience a reaction related to its administration. **Mild reactions** such as transient hives, skin blotching or wheezing are noticed in **less than 1 % of patients**. More serious allergic reactions including major drops in blood pressure and potentially life-threatening events have been reported in approximately 1 in 10,000 cases.

Patient Signature		Date	
Please print name of person filling out this form (if not filled out by the patient):			
CT Technologist Review		RN Review	
Labs	<input type="checkbox"/> N/A	Creatinine Level	Date

*****Please complete and email this form back to ConcordeCT@northwell.edu *****



CARDIOVASCULAR CT SCAN PATIENT INFORMATION					
Last Name			First Name		
Date of Birth			Phone		
Past and/or Current Symptoms		Yes	No	Prior Cardiac Testing	
				Yes	No
Chest pain or angina?				EKG?	
Shortness of breath?				Stress treadmill test?	
Irregular heart beat or palpitations?				Nuclear Stress test?	
Atrial fibrillation?				Stress echo test (Ultrasound)?	
Heart attack(s)?				Angiogram (Cardiac catheterization)?	
Heart Disease?				Coronary CTA (Cardiac CT scan) or Cardiac MRI?	
High blood pressure?				Coronary Calcium Scan?	
High Cholesterol?				Family history of heart disease?	Yes No
Cholesterol lowering medication?				Father or Brother had a heart attack before age 45?	
Stroke?				Father or Brother had a heart attack after age 45?	
Coronary bypass surgery?				Mother or Sister had a heart attack before age 55?	
Heart valve surgery or replacement?				Mother or Sister had a heart attack after age 55?	
Coronary stents?				Pulmonary History	Yes No
Coronary angioplasty?				Emphysema?	
Cardiac pacemaker or defibrillator (ICD)?				Do you smoke?	
Atrial Septal Defect or Repair?				History of smoking, did you quit?	
Diabetic?				Lung Cancer?	
Dizziness or Fainting Spells?				Prior CT Lung Scan?	
IV Contrast Allergy				Yes	No
Do you have an IV contrast allergy?					
For Female Patients:					
Are you Pregnant?				Are you Breastfeeding?	
Intravenous Contrast and Breastfeeding Information (for Breastfeeding patients only)					
Your provider has ordered an imaging study with intravenous contrast. Only a small amount of intravenous contrast is transferred into breast milk. In addition, an even smaller amount of intravenous contrast is absorbed by your infant and can reach your infant's bloodstream. Therefore, it is considered safe for you to either continue breastfeeding or to feed previously pumped breast milk to your child while refraining from nursing for a period of 24 hours after you receive the intravenous contrast.					
Physician information (Only if you wish to have your report sent to an additional Physician)					
Physician Name			Phone		
Address				Unit #	
City		State		Zip Code	
Acknowledgement					
By signing below, I indicate that I have answered the questions listed above to the best of my ability. Please Initial Below.					
Signature of Patient or Patient Advocate:			Date:		

*****Please complete and email this form back to ConcordeCT@northwell.edu *****