Radiology Imaging Associates

CT Scan Patient History

Accession: **Age:** **Height:** _____ **Weight:** _____

1). Please list any symptoms you currently have which you feel are related to your problem (i.e. pain, nausea, weight loss, etc): _____

2). Have you had any other tests related to this problem (i.e. Lab, X-Ray, Barium Enema, UGI, Ultrasound, MRI, previous CT)? ☐ **YES** ☐ **NO** **If yes, what test?** _____

3). Please list any surgeries you have had and what they were for: _____

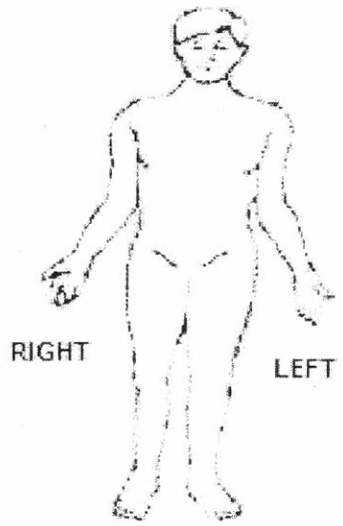
4). Please list any medications you are taking and what it is for: _____

5). Do you have any electronic medical devices? ☐ **YES** ☐ **NO**
Cardiac Pacemakers, Implantable Cardiac Defibrillators, Neuro-stimulator, Drug Infusion Pumps, including Insulin Pumps, Cochlear Implants and Retinal Implant:
_____

6). Do you currently have cancer or have you had cancer? ☐ **YES** ☐ **NO**
If yes, what part of the body was affected? _____
What type of treatment did you receive? _____
_____
Are you finished with treatment? ☐ **YES** ☐ **NO**

7). Are you or is there a possibility you could be pregnant? ☐ **YES** ☐ **NO**

8). Indicate whether you have a history of any of the following: (Please answer all)
☐ **YES** ☐ **NO Allergies? If yes, what type?** _____
☐ **YES** ☐ **NO Asthma?** ☐ **YES** ☐ **NO Insulin dependent?**
☐ **YES** ☐ **NO Kidney failure?** ☐ **YES** ☐ **NO Reaction to x-ray contrast?**
☐ **YES** ☐ **NO Heart disease?** ☐ **YES** ☐ **NO Sickle Cell Anemia?**
☐ **YES** ☐ **NO Diabetes?**



Please use the diagram above to show where you think your problem is located or where you have pain.

TECHNOLOGIST'S NOTES:
Documentation of electronic devices:
☐ **No electronic devices** ☐ **Electronic device present**
How it was handled: _____
COMMENTS: _____
_____

INJECTION INFORMATION:

I.V. Site: _____

Type: ☐ **Butterfly** ☐ **Angiocath** **Contrast Used:** _____

Amount: _____ **cc** ☐ **Bolus** ☐ **Slow Infusion** ☐ **Power Injector** **Infiltration:** ☐ **YES** ☐ **NO** **Amount:** _____ **cc**

Patient Response: _____

Injected by: _____