

**MedWise PC**  
**An Affiliate of Radiology Ltd.**  
**CT PATIENT QUESTIONNAIRE**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MRN:** \_\_\_\_\_ **Acc#:** \_\_\_\_\_  
**Exam:** \_\_\_\_\_  
**Requesting:** \_\_\_\_\_ **Other Physician** \_\_\_\_\_  
 Do you have a follow-up appointment with your physician?  No  Yes **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

1. Are you a diabetic?  Yes  No  
 If you are diabetic, please check if you take one of the listed medications:  
 Glucophage  Glucovance  Avandamet  Metformin  Metaglip  Insulin  Other \_\_\_\_\_
2. Are you pregnant or suspect you may be?  Yes  No  
 When was your last menstrual period? **Date:** \_\_\_\_\_ / \_\_\_\_\_
3. Do you have asthma or emphysema?  Yes  No
4. Have you ever had a heart attack or heart disease?  Yes  No
5. Do you have impaired kidney function or a history of kidney surgery?  Yes  No
6. Have you ever had an allergic reaction due to an X-ray procedure?  Yes  No  
 Type of reaction:  Rash/Hives  Tightness in throat  Difficulty breathing  Other \_\_\_\_\_  
 Date of reaction \_\_\_\_\_ Treatment Received \_\_\_\_\_

I understand and have answered the above questions.

\_\_\_\_\_ **Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Technologist** \_\_\_\_\_

Was the patient premedicated for today's exam?  No  Yes **Type:** \_\_\_\_\_

**Creatinine level** \_\_\_\_\_  Creatinine level not available

**Contrast type**

IV Amount \_\_\_\_\_ ml  Optiray 300 320 350  Oral  Rectal  Saline \_\_\_\_\_ ml

**Injection**

**Site** \_\_\_\_\_ **Flow rate** \_\_\_\_\_ **Needle gauge** \_\_\_\_\_ **Started by** \_\_\_\_\_ **Injected by** \_\_\_\_\_

If exam varies from standard protocol, approved Dr. \_\_\_\_\_  
**Reason** \_\_\_\_\_

**ALLERGIC REACTION**

**DRUG ALLERGIES**

**EXTRAVASATION**

**Symptoms** \_\_\_\_\_  
**Duration** \_\_\_\_\_  
**Treatment** \_\_\_\_\_  
**Evaluated by** \_\_\_\_\_ **MD/RN** \_\_\_\_\_  
**Technologist** \_\_\_\_\_ **RT** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Site** \_\_\_\_\_  
**Amount** \_\_\_\_\_ ml  
**Appearance** \_\_\_\_\_  
**Treatment** \_\_\_\_\_  
**Evaluated by** \_\_\_\_\_ **MD/RN** \_\_\_\_\_  
**Technologist** \_\_\_\_\_ **RT** \_\_\_\_\_