



CT INFORMATION SHEET

Name: _____

Date: _____ Height: _____ Weight _____

The following information is needed to help us plan for your study:

Your Age: _____ Your Weight: _____

What symptoms are you having that led your doctor to order this CT scan?

Please list all medications being taken currently: _____

Please answer the following questions:

	Yes	No
Are you a diabetic?	___	___
Are you currently taking Glucophage, Metformin, or Glucovance	___	___
Are you pregnant, or have you recently given birth?	___	___
Are you currently breastfeeding/ nursing?	___	___
Have you eaten in the last 4 hours?	___	___
Have you ever had difficulty having an IV started (bad veins)	___	___
Do you have a vascular access device? (Example: Portacath: Hickman Catherter, PICC Line)	___	___
Have you had any Barium exams in the last week?	___	___
Do you have any allergies to food or medicine?	___	___
If yes, please list: _____ _____		

Have you ever had a Diagnostic Procedure during which you received IV contrast or "DYE"?

If yes, please list type of test: _____

If you have had a prior injection of contrast, did you have any difficulty at all? ___

Do you have any of the following conditions? ___

Bronchial Asthma ___

High Blood Pressure ___

Recent Heart Attack ___

Angina ___

Heart Failure/ Arrhythmia ___

Diabetes Mellitus ___

Kidney Failure ___

Sickle Cell Anemia ___

Multiple Myeloma ___

Pheochromocytoma ___

Please list any other health conditions you may have. _____
