CT History Form

AdventHealth

To be completed by the patient:

Why are you having this CT ? _____

_____

If this exam is related to an injury, how did it occur ? _____

_____

If this exam is related to pain, where is the pain located ? _____

_____

List any surgeries related to your area of exam _____

YES	NO	
☐	☐	Do you have a history of cancer? What type: _____
☐	☐	Did you have ☐ Chemotherapy ☐ Radiation If yes, specify date of last treatment: _____/_____
		For female patients only:
☐	☐	Are you pregnant or possibly pregnant? If yes, how many weeks? _____
		For patients receiving IV contrast:
☐	☐	1. Do you have multiple myeloma, adrenal tumor (pheochromocytoma), myasthenia gravis (gMG), or auto immune disease?
☐	☐	2. Do you have sickle cell anemia or are you in sickle cell crisis?
☐	☐	3. Are you on dialysis?
☐	☐	4. Do you have renal impairment?
☐	☐	5. Do you have just one kidney or have you had a kidney transplant?
☐	☐	6. Are you diabetic?
☐	☐	7. Are you being treated for Polycystic Ovarian Syndrome (PCOS)?
☐	☐	If yes to #6 or #7 do you take Metformin, Glumetza, Fortamet, Riomet, Glucophage or Glucophage XR?
☐	☐	8. Are you allergic to iodine, or imaging contrast? If yes:
		8a. Date occurred? _____/_____
		8b. Describe the reaction that occurred. _____
☐	☐	8c. Were you pre-medicated prior to the exam?

Date	Time	Patient/Legally Authorized Person/Care Giver Signature	Print Name	Relationship

☐ Phone OR ☐ Video

Qualified Staff / Interpreter Signature	Print Qualified Staff / Interpreter Name	ID Number	Language Interpreted

For staff use only

GFR: _____ **Creatinine:** _____ **Date:** _____ **Time:** _____

- Inpatient/ED - All patients age 18 and over; Labs (GFR) within 7 days.
- Outpatient - All patients age 60 and older; Labs (GFR) within 45 days.
- Pediatric – labs not required.
- All ages - If answering "Yes" to question(s) #1-6. GFR required.
  - o If GFR 30 or greater, give contrast and follow appropriate GFR pathway below. If GFR **29 or less**, contact radiologist.

Pathway A:	46 - 60 GFR.	Pre & post procedure hydrations are recommended. No need to contact radiologist.
Pathway B:	30 - 45 GFR.	Pre & post procedure hydrations are required. No need to contact radiologist.
Pathway C:	0 - 29 GFR.	Contact radiologist.

- If answering "Yes" to question #8 & 8c, refer to CT Pre-Procedure IV Contrast Power Plan 959-3219.

In the event of an additional exam, do not call radiologist for re-injection clearance when GFR is greater than 60 and total iodinated contrast will not exceed 250mL in a 24-hour period.

Current Weight _____

Height _____

Patient Label or

Patient Name _____ ☐ Female ☐ Male

DOB _____ MRN _____

Technologist Authentication	OPID	Date	Time