DOCTORS GROOVER CHRISTIE & MERRITT
RADIOLOGISTS

Advancing Medical Imaging Since 1916

CONTRAST MEDIA ADMINISTRATION HISTORY FORM

Name: _____ Date: _____

Exam: _____ DOB: _____

This study includes the injection of contrast agent (dye), which allows improved visualization of blood vessels and other tissue and aids in the interpretation of your examination. In order to make this a safe procedure, we ask you to answer the following questions:

Yes / No

Have you ever had a CT Scan or other radiologic examinations requiring a contrast agent (dye) before? ___/___

If yes, what type of procedure? _____

Did you have an allergic reaction following the use of the contrast agent? ___/___

Please explain: _____

Did you ever have an allergic reaction to any medications? ___/___

List:

_____

_____

Do you have any other allergies? **LIST:_____** ___/___

Do you have an allergy to latex/rubber products? ___/___

Do you have a history of asthma, hay fever or lung disease? ___/___

Do you have kidney disease or multiple myeloma? ___/___

Are you a diabetic? ___/___

Are you taking the medication Glucophage (Metformin), Glucovance Avandamet, Metaglip, Fortamet, Glumetza, Riomet, Janumet or Prandimet? ___/___

Do you have or have ever been treated for cardiac disease including a history of heart attack, high blood pressure or irregular heart beats? ___/___

If yes, please list which and when you are/were being treated:

_____

_____

Are you pregnant or is it a possibility that you are? ___/___

Please list any\all medications you are currently taking:

_____

_____

Do you have Sickle Cell Disease? ___/___

HAVE YOU READ AND SIGNED THE CONSENT FORM FOR THE CONTRAST INJECTION? ___/___

_____ _____

Patient's Signature Technologist's Signature

FOR TECHNOLOGIST USE ONLY:

PROTOCOL:

CONTRAST: ULTRAVIST 300 ULTRAVIST 370 OTHER

IV SITE RATE & VOLUME

LAB: BUN: CREATININE: