

Computed Tomography PAIN SHEET

Your doctor has scheduled you for an x-ray examination that **may** require an injection of a contrast agent into your bloodstream. The contrast agent (also termed contrast material or "x-ray dye") shows up white on CT scan images and helps the radiologist interpret them. The contrast media is given through a small needle placed into a vein, usually on the inside of your elbow or on the back of your hand. Normally, contrast media is considered quite safe; any injection carries a slight risk of harm including injury to a nerve, artery or vein, infection, or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast agent and develop sneezing or hives. Uncommonly (one case in a thousand), serious reaction to the contrast occurs. The physicians and staff of the imaging center are trained to treat these reactions. Very rarely (1:40,000), death has occurred related to contrast administration; the risk of such a severe consequence is similar to that from the administration of penicillin.

Please describe your symptoms / Why are you here: _____

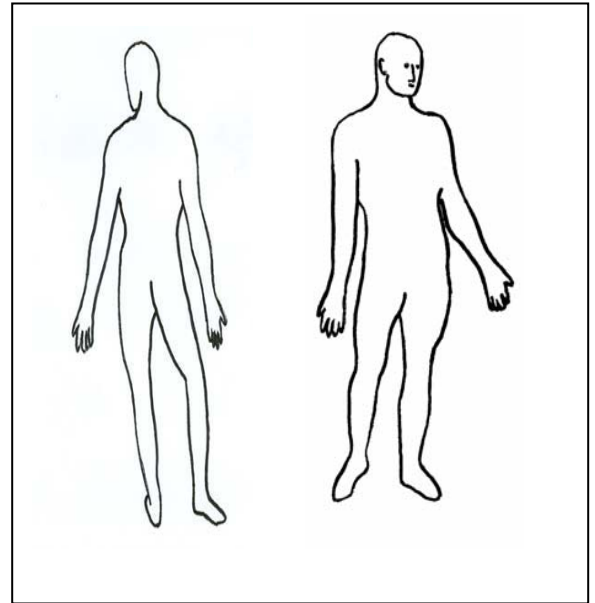
- Yes** **No** Have you ever had a moderate or severe "allergic-like" reaction to contrast material?
- Yes** **No** Do you have asthma?
- Yes** **No** Do you have a personal history of cancer?
- Yes** **No** Do you have any allergies? (**food, medications, pollens, etc.**)
- Yes** **No** Have you had prior exams (**MRI, CT, X-rays, etc...**) related to today's study? **Where:** _____

IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN: _____

- Yes** **No** Are you diabetic?
- Yes** **No** Are you currently taking Glucophage or Glucovance (Metformin)
- Yes** **No** Is there any possibility you are pregnant?
- Yes** **No** Do you have any known kidney problems (**Renal failure, kidney stones**)? _____
- Yes** **No** Do you have any of the following:

<input type="checkbox"/> multiple myeloma	<input type="checkbox"/> sickle cell disease
<input type="checkbox"/> polycythemia	<input type="checkbox"/> pheochromocytoma
<input type="checkbox"/> liver disease	<input type="checkbox"/> hypertension

Please place an "X" over affected area(s)



FULL DISCLOSURE (PLEASE SIGN)

I attest that the above information is correct to the best of my knowledge. I have read and understand the content of this form and agree to the administration of IV contrast.

Form completed by: (**please sign**) _____ Date _____

TECH REVIEW: _____ GFR _____

Form and protocol reviewed by (technologist) _____ Creatinine results _____