



CT PATIENT QUESTIONNAIRE

Name: _____ Age: _____ Sex: _____ Weight: _____

Describe Symptoms: _____

HEAD STUDIES:

Check all that apply

- Head injury
Headaches
Dizziness
Blackouts
Seizures
Previous stroke

SPINE STUDIES:

Check all that apply

- Arm injury
Arm pain
Arm numbness
Leg injury
Leg pain
Leg numbness

CHEST AND ABDOMEN STUDIES:

Check all that apply

- Pain, Blood in stool, Vomiting blood, Blood in urine, Smoker, Congestive heart failure, Cough, Nausea or vomiting, Possibility of pregnancy

Last menstrual period: _____

SURGICAL HISTORY:

List all surgeries: _____

List previous exams: _____

PATIENT HISTORY: Select the appropriate answers

Table with 3 columns: Question, Yes, No. Includes items like Allergies requiring medication, Severe arrhythmia, Heart block, etc.

Have you ever been given, or are you currently receiving, radiation or chemotherapy treatments? Yes No

Date of last treatment: _____

Do you have a history of kidney problems? Yes No

If yes, please describe: _____

Do you have a history of adverse reaction to contrast material, with the exception of a sensation of heat, flushing or a single episode of nausea or vomiting? Yes No

Do you have a history of diabetes? Yes No

If yes, are you taking a medication called Glucophage, Metformin Hydrochloride, Glucovance, Avandamet or Fortamet? Yes No

IF YES, PLEASE NOTIFY THE TECHNOLOGIST IMMEDIATELY

Is this procedure being done due to a work-related injury? Yes No

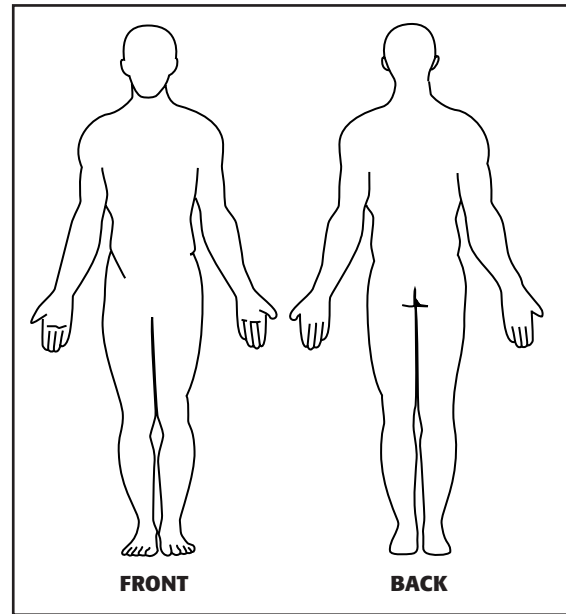
Please describe: _____

Is this procedure being done due to an automobile accident? Yes No

Please describe: _____

Signature: _____ Date: _____

I attest that the above information is correct to the best of my knowledge.



Instructions: Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck, etc.).

TO BE COMPLETED BY DEPARTMENTAL STAFF

Exam: _____ Reason for exam: _____ Creatinine: _____

Contrast type: _____ Amount/RateSite: _____

Technologist: _____ Date: _____