



# CT History Form

**PATIENT INFORMATION**

**Fall Precaution**     YES     NO

|                                   |                           |        |        |
|-----------------------------------|---------------------------|--------|--------|
| Last Name                         | First Name/Middle Initial | Gender | Race   |
| Date of Birth (MM/DD/YYYY)<br>/ / | Age                       | Height | Weight |

**PERSONAL HISTORY**

Have you had a previous imaging study related to this problem?     Yes  No

If yes, What exam?     CT     MRI     Ultrasound     X-ray     Other

What Facility?  
\_\_\_\_\_

Heart Disease     YES     NO      High Blood Pressure     YES     NO      Kidney Disease     YES     NO

Asthma     YES     NO      Smoking     YES     NO      Kidney Failure     YES     NO

Lung Disease     YES     NO      Diabetes     YES     NO      Dialysis     YES     NO

Allergies     YES     NO      If yes, please explain: \_\_\_\_\_

Surgeries     YES     NO      If yes, please explain: \_\_\_\_\_

Cancer     YES     NO      If yes, please explain: \_\_\_\_\_

Do you take Metformin hydrochloride (Glucophage, Glucovance, Advandement, Metaglip, or Fortamet)?     YES     NO

Have you ever had an allergic reaction to injected contrast (x-ray dye)     YES     NO

If yes, please explain: \_\_\_\_\_

**FEMALE PATIENTS ONLY**

Some imaging procedures are contra-indicated (not recommended) for patients who may be pregnant. If you may be pregnant, please notify one of our team members. By my signature below, I acknowledge that I have read and understand this statement and state that I am not pregnant and there is no chance that I may be pregnant.

Are you breastfeeding     YES     NO      Date of last period: \_\_\_\_\_

**ACKNOWLEDGMENT**

I have answered these questions to the best of my knowledge and understand the information presented to me. If I am to have intravenous contrast with my procedure, I have been informed of the risks.

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TECHNOLOGIST SIGNATURE

\_\_\_\_\_  
DATE