

**CT SCREENING/CONSENT FOR CONTRAST**

Patient Name: _____ DOB: ____/____/____ Gender: _____

Referring Physician: _____ Date of Exam: ____/____/____

Exam: _____ Reason for Exam: _____

Previous injection of IV contrast? YES NO If yes when: ____/____/____ where: _____Allergic or adverse reaction to contrast material? YES NO If yes describe: _____Have you ever been pre-medicated due to a contrast reaction? YES NO***Female between the ages of 12-50:**Is there any chance you may be pregnant? YES NO UnsureAre you nursing an infant? YES NO**RELEVANT HISTORY:** Do you or have you had any of the following? (indicate YES or NO)

- Asthma YES NO
- Diabetes YES NO
- Take Glucophage/Metformin containing medication YES NO
- Kidney Disease, On Dialysis YES NO
- Hypertension YES NO
- Heart Disease, type: _____ YES NO
- Past Surgery YES NO
- Diagnosis of Multiple Myeloma YES NO
- Personal History of Cancer, type: _____ YES NO
- Chemotherapy, Undergoing Completed YES NO
- Radiation, Undergoing Completed YES NO

Your provider has ordered an examination that requires the injection of iodine-containing contrast media into the bloodstream, given through a small needle placed into a vein. Modern contrast media is considered quite safe. However, any injection carries a risk of harm, including injury to a nerve or blood vessel, infiltration/extravasation, infection, potential for kidney injury, or reaction to the material being injected.

Contrast reactions are infrequent, and symptoms are usually mild such as sneezing or the development of hives. Very rarely, serious allergic reactions can occur, including those that are life-threatening. Patients with a history of a significant reaction to IV contrast should be premedicated prior to their examination.

Date: ____/____/____

Patient signature (or legal guardian)