

CT Screening

Patient Name: _____

Today's Date: _____ **Age:** _____ **Weight:** _____ **Height:** _____ **Sex:** M F

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	If female: is there any possibility you could be pregnant?
	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently breastfeeding?
	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a previous reaction to iodinated contrast media (i.e. CT contrast dye or X-ray dye)? If yes, describe reaction: _____
	<input type="checkbox"/>	<input type="checkbox"/>	If you had a prior reaction to iodinated contrast media, have you been pre-medicated with a corticosteroid (such as Prednisone or Solu-Medrol)? _____
	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any allergies to food or medication? If yes, please list: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?
	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is your asthma currently affecting you?
△	<input type="checkbox"/>	<input type="checkbox"/>	Do you take Glucophage (Metformin)?
△	<input type="checkbox"/>	<input type="checkbox"/>	Do you have kidney disease or kidney failure or kidney transplant?
△	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of kidney cancer or mass?
△	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a family history of kidney failure?
△	<input type="checkbox"/>	<input type="checkbox"/>	Have you previously had kidney surgery?
* *	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a recent illness or infection in the past week? Type: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Have you been feeling sick with nausea, vomiting or diarrhea?

Signature of Patient or Legal Guardian Printed Name Date

If signed by person other than patient, provide printed name, relationship to patient, description of authority

THIS SECTION IS FOR STAFF USE ONLY

* Serum creatinine within 24 hours △ Serum creatinine within 2 weeks if "Yes" to answer

PLACE PATIENT LABEL HERE

UW Medicine
 Harborview Medical Center – University of Washington Medical Center
 UW Neighborhood Clinics – Valley Medical Center
 University of Washington Physicians Seattle, Washington

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