

Diagnostic Cardiology of Houston, P.A.
CT Contrast Administration and Patient History Questionnaire

Name: _____ Pt Acct# _____
Exam Ordered: _____ Referring Doctor: _____
Reason for Exam: _____ DOB: _____ Age: _____ Sex: M F
Height: _____ Weight: _____ LMP: _____

(Circle Yes or No)

1. Have you had previous imaging study that required an injection of contrast media (dye)? Yes No
2. If YES, did you experience any difficulties from the contrast injection? Yes No
If YES, please list type of contrast and reaction. _____

Medical History: (Please Circle Yes or No)

- | | | | | | |
|---|---|--|---|---|---|
| Y | N | Asthma/Hay fever | Y | N | Hypertension (High Blood Pressure) |
| Y | N | Congestive Heart Failure | Y | N | High Cholesterol |
| Y | N | Hypertensive renal (Kidney) disease | Y | N | Smoking history (past or present) |
| Y | N | Renal (Kidney) Failure | Y | N | Fibrillation and/or Flutter of the Heart |
| Y | N | Respiratory Failure | Y | N | Heart Disease or Heart Problems |
| Y | N | Sickle Cell Disease | Y | N | Myocardial Infarction (Heart Attack) |
| Y | N | Multiple Myeloma or other Blood disease | Y | N | Angina (severe chest pain) |
| Y | N | Pheochromocytoma (type of Adrenal Tumor) | Y | N | Stroke |
| Y | N | Previous Stents, Grafts, or Bypasses | Y | N | Family history of heart disease or stroke |
| Y | N | Diabetes | *If YES, Please inform technologist if you take Metformin, Glucophage, Glucovance, Avandament, Metaglip, ActosPlus Met, Janumet, Prandimet, Riomet, Fortamet, Glumetza? | | |

If "YES" to any of the above, please describe: _____

Please list ALL of your allergies below (medications, food, other):

1. _____ 3. _____
2. _____ 4. _____

Please list ALL medications you are currently taking:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Technologist Use Only:

Patient Status: Debilitated or Ambulatory Blood Pressure: _____ HR: _____
Was the patient pre-medicated? Y N Fasting? Y N BUN: _____ Creatinine: _____ Lab Date: _____
Contrast Injected: _____ Lot# _____ Exp. Date: _____
Volume Injected: _____ Time: _____ Injection Site: _____
Cardiologist on site: _____ Additional Notes: _____

Technologist Signature: _____ Date: _____