

CT QUESTIONNAIRE

Medical History:

Do you have or have you had any of the following diseases?

Asthma	Yes	No	
If yes, what medication do you take? _____			

Diabetes	Yes	No	
If yes, what medication do you take? _____			

Kidney Disease	Yes	No	
If yes, are you on dialysis: Yes No			

Liver Disease	Yes	No	
If yes, describe _____			

Multiple Myeloma	Yes	No	
Sickle Cell Disease	Yes	No	
Thyroid Disease	Yes	No	
If yes Describe _____			

Other, Describe: _____

Contrast History:

Have you ever been injected with x-ray contract (dye)	Yes	No
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Have you had a prior reaction to x-ray contract (dye)?	Yes	No
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If yes, did you have:

- Nausea or vomiting
- Headache
- Hives
- Breathing problem
- Hearth problem or hypotension -low blood pressure
- Other (Describe) _____

Patient Signature: _____ Date _____ Time _____

Technologist: _____