GUILFORD RADIOLOGY
WEST HAVEN • RAM RADIOLOGY • MIDDLETOWN
The Sound Medical Building
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CT Scan Questionnaire
Without IV Contrast, With IV Contrast, or With IV and Oral Contrast

If you are *scheduled to have a CT performed, it will be helpful for you to print this form, complete it and bring it with you to your exam appointment. You should sign it after you have reviewed it with the Technologist and have had an opportunity to ask questions.*

Patient Name: _____ Date of Birth: _____

1. Please indicate whether or not each of the following conditions applies to you:

Cancer ☐Yes ☐ No
What kind of cancer? _____
Heart Problems ☐Yes ☐ No
Congestive Heart Failure ☐Yes ☐ No
High Blood Pressure ☐Yes ☐ No
High Cholesterol ☐Yes ☐ No
Pheochromocytoma (adrenal tumor) ☐Yes ☐ No
Kidney Disease ☐Yes ☐ No

Monoclonal Gammopathy (increased immunoglobulins) ☐Yes ☐ No
Multiple Myeloma ☐Yes ☐ No
Liver Disease ☐Yes ☐ No
Tuberculosis ☐Yes ☐ No
Asthma ☐Yes ☐ No
Allergies to food or medication ☐Yes ☐ No
If yes, please list what you are allergic to:
_____

2. What is the reason for your CAT scan today? What symptoms are you experiencing? _____
_____
_____
3. Please list any surgeries you have had: _____
_____
4. Are you diabetic? ☐Yes ☐ No If yes, please list the medication you take: _____
_____
5. What other medications, if any, do you take? _____
_____
6. Have you ever received X-ray contrast dye (for example, during a CT scan, IVP exam for kidneys, cardiac catheterization, angiogram)? If yes, did you have any adverse reaction? Please explain: _____
_____
7. Do you take a diuretic (water pill)? ☐Yes ☐ No
8. Do you smoke now? ☐Yes ☐ No
If no, did you smoke in the past? ☐Yes ☐ No How long ago did you stop smoking? _____

I attest that this information is true to the best of my knowledge. I have read and understand the entire comments of this form and have had the opportunity to ask questions regarding this information.

Signature: _____ Date: _____