RADIOLOGY QUESTIONNAIRE

Iodine-containing Contrast Medium

Patient Information

The imaging procedure you are about to have may require the use of iodine-containing contrast material. Depending on the type of procedure you are having, the contrast material may be injected into a vein, into a joint or other part of the body, or you may be asked to drink the contrast material.

Contrast material is used by radiologists to help highlight the important structures we are examining and to improve the accuracy of the test you are about to have.

Certain medical conditions may influence the way you react to the contrast material and it is important that we know about these before proceeding. Therefore, please answer the questions below.

- Are you pregnant or breast feeding?  ___ YES  ___ NO
- Are you allergic to any medications?  ___ YES  ___ NO
  If so what are they?  ________________________________
- Are you asthmatic and are on daily inhalers?  ___YES  ____NO
- Have you had a previous injection of IV contrast medium?  ___ YES  ___ NO
  Did you have an allergic reaction or complication to the injection? If so, please describe:  ______________________________________________________
- Have you been pre-medicated for today’s CT exam?  ___ YES  ___ NO
  If yes, please list medications and dosage: ________________________________
- Do you have high blood pressure?  ___ YES  ___ NO
- Do you have diabetes?  ___ YES  ___ NO
- Do you take Metformin, Avandamet, or any Glucophage containing medications?  ___ YES  ___ NO
- Do you have kidney disease?  ___ YES  ___ NO
- Are you on dialysis?  ___ YES  ___ NO
  If yes, when is your next dialysis appointment? ________________________________
- Have you ever been diagnosed with any of the following conditions?
  FLUID PROBLEMS  ___ YES  ___ NO
  HEART FAILURE or CONGESTIVE HEART FAILURE  ___ YES  ___ NO
  HEART ATTACK  ___ YES  ___ NO
  THYROID DISEASE (If yes, list disease: ________________________________ )  ___ YES  ___ NO
  LATEX ALLERGIES  ___ YES  ___ NO
  MULTIPLE MYELOMA  ___ YES  ___ NO
  MYASTHENIA GRAVIS  ___ YES  ___ NO
  PHEOCHROMOCYTOMA  ___ YES  ___ NO
  SICKLE CELL DISEASE  ___ YES  ___ NO
CONTRAST CONSENT FORM

Iodine-containing Contrast Medium

Your doctor has asked us to perform an imaging procedure on you that involves an injection of contrast material.

The contrast material helps the radiologist in the interpretation of your test. It enhances visualization of blood vessels and vascular structures, and can make certain abnormalities more apparent. The contrast is filtered by the kidneys and is excreted in your urine.

Certain risks are involved when contrast is used. Most of the risks are minor, however some can be serious. Minor reactions include, but not limited to: hives, sneezing, skin rash or mild swelling of the eyes, nose, and/or throat. Major reactions resemble those of a severe allergic reaction, and can include swelling of the face, tongue, and/or throat, difficulty breathing, low blood pressure and in some rare instances, death. Most of these reactions can be treated successfully with medications which we have immediately available in the Radiology department if they are needed.

Your doctor and the radiologists are aware of the rare possibilities of a contrast reaction, but feel that the benefits of this kind of study outweigh the risks noted above.

I have read the above information and have been informed of and understand the risks involved with the procedure. I am aware of the possibilities and accept all responsibility for any such reaction(s) and consequences. I give my authorization and consent for the administration of contrast material via intravenous injections. I have had an opportunity to ask questions.

Patient’s/Guardian’s Name (Please Print)  ____________________________________________________________________
Witness (Please Print)  ____________________________________________________________________  Date

Patient’s/Guardian’s Name (Signature)  ____________________________________________________________________
Witness (Signature)  ____________________________________________________________________

Translator (Please Print)  ____________________________________________________________________
Translator (Signature)  ____________________________________________________________________  Date