

NORTH PITTSBURGH IMAGING SPECIALISTS

CAT SCAN EXAMINATION RECORD/CONSENT

PATIENT: _____ AGE: ____ HT: _____ WT: _____

CURRENT MEDS: _____

ALLERGIES: _____

Have you had any surgeries in your lifetime? If so, what type and when? _____

Did you ever have Cancer? If so, what type and when? _____

What other medical problems do you have? _____

If you have any other type of disorder, please be sure it is indicated on this form and be sure to inform the technologist. If you have any questions, please ask the technologist.

Please check Yes or No	Yes	No
Are you allergic to Iodine?		
Are you allergic to Seafood?		
Do you have seasonal allergies (hay fever)?		
Do you have a history of Latex allergy?		
Are you a Diabetic?		
Are you taking Glucophage to treat your diabetes?		
Currently on blood thinning medication?		
Have you had the following x-ray examinations?		
-IVP (kidney test)		
-Angiogram		
-CAT Scan		
Do you have any of the following?		
Heart Disease?		
Kidney Disease?		
Lung Disease?		
Asthma?		
Sickle Cell Anemia?		
Multiple Myeloma?		
Please complete the following if you are within childbearing age.		
Is there any possibility of you being pregnant?		
Date of last menstrual period _____		

YOUR SIGNATURE INDICATES THAT YOU HAVE READ ALL THE INFORMATION CONTAINED ON THIS FORM AND HAD AN OPPORTUNITY TO HAVE ALL OF YOUR QUESTIONS ANSWERED.

I UNDERSTOOD AND ANSWERED THE ABOVE QUESTIONS.

Patient's Signature/Date _____

(Tech use only) HISTORY: