



# BROADWAY IMAGING CENTER



## Contrast CT scan Questionnaire

- ✓ Have you ever had a kidney study before? YES NO
- If yes, was there any reaction from the examination? YES NO
- ✓ Have you any known allergy? YES NO
- If yes, please list them \_\_\_\_\_

- ✓ Have you ever had a reaction from iodine? YES NO
- ✓ Have you ever had asthma? YES NO
- ✓ Have you ever had hay fever? YES NO
- ✓ Have you ever had hives? YES NO
- ✓ Have you ever had a reaction from eating seafood? YES NO
- ✓ Do you have diabetes? YES NO
- ✓ Are you pregnant? YES NO
- ✓ Do you have high blood pressure? YES NO

Describe any reaction \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your doctor has referred you to us for a C.A T. Scan study. This examination is performed with x-rays which are passed through your body and analyzed by a computer so that information about the inside of your body can be obtained. Images are made by the computer, which help the doctors to see and evaluate your internal organs.

Often, to make some of the organs stand out, a dye containing Iodine is injected into the vein. This dye circulates throughout your body, and is expelled through the kidneys and bladder.

There is usually very little discomfort with this procedure. The injection of dye causes the same discomfort that you experience from the blood drawn by the laboratory. After the injection of the dye, you might feel a warm sensation throughout your body. There are occasional complications with this procedure, the most common are nausea, vomiting and breaking out in hives. There are more severe reactions such as a drop in blood pressure and even loss of life, but these are extremely remote.

Your physicians are aware of the possibilities of these complications and feel that the diagnostic information to be obtained outweighs the minimal risk of the procedure.

If you desire further specific information, we would be happy to discuss any aspect of this examination with you.

I, \_\_\_\_\_ have read the above and give my consent to have a C.A.T. Scan performed. I am not allergic to Iodine and I have no previous reaction to this type of test. I understand that in spite of every skill and prudent effort made to avoid complications during this examination, there is no guarantee that a complication will not occur.

_____ Patient's Name	_____ Date	_____ Signature
_____ Name of Witness	_____ Date	_____ Signature
_____ Name of Interpreter	_____ Date	_____ Signature