



**PATIENT CONSENT FOR CT INTRAVENOUS CONTRAST**

Patient: \_\_\_\_\_

Comprehensive Diagnostic Imaging & Radiology

Date of Exam: \_\_\_\_\_ Exam Ordered: \_\_\_\_\_

Have you had an MRI,CAT SCAN,XRAY,ULTRASOUND of this body part at another facility YES NO If yes please bring report and images

ARE YOU OLDER THAN 60 YEARS OF AGE YES NO

DO YOU HAVE ANY ALLERGIES? YES NO
IF YES WHAT ARE THEY: \_\_\_\_\_

DID YOU EVER EXPERIENCE DIFFICULTY BREATHING OR SWELLING OF THE HANDS, FEET OR FACE ? YES NO

DO YOU HAVE HAY FEVER OR SEASONAL ALLERGIES? YES NO
IF YES WHAT ARE THEY: \_\_\_\_\_

HAVE YOU EVER HAD A TEST/EXAM REQUIRING AN IV INJECTION OF CONTRAST YES NO
IF YES DID YOU HAVE ANY REACTION TO THE CONTRAST MATERIAL USED? YES NO

HAVE YOU EVER SUFFERED FROM OR DO YOU HAVE A HISTORY OF:

1. ASTHMA YES NO
IF YES, ARE YOU CURRENTLY ON ANY MEDICATION (PLEASE LIST)? \_\_\_\_\_

2. DIABETES YES NO

If yes, are you taking any medications containing Metformin such as Glucophage, Fortamet, Glumetza, Riomet, Glucovance, Metaglip, ActoPlus Met, Avandamet
OTHER DIABETIC MEDICATIONS YOU ARE TAKING YES NO

3. KIDNEY DISEASE (INCLUDING SOLITARY (ONE) KIDNEY, RENAL TRANSPLANT, RENAL TUMOR) YES NO
IF YES ARE YOU CURRENTLY ON ANY MEDICATION (PLEASE LIST)? \_\_\_\_\_

4. MULTIPLE MYELOMA YES NO 5. SICKLE CELL DISEASE YES NO

6. ADRENAL TUMOR (PHEOCHROMOCYTOMA) YES NO 7. MYASTHENIA GRAVIS DISEASE YES NO

CARDIAC DISEASE (CHF) YES NO
IF YES, ARE YOU CURRENTLY ON ANY MEDICATION (PLEASE LIST) \_\_\_\_\_

**IF YES TO ANY OF THE ABOVE, PLEASE TELL THE TECHNOLOGIST IMMEDIATELY.**

**IF COMPLETING THIS FORM ON LINE, AND YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE CALL HARTSDALE IMAGING IMMEDIATELY AT (914) 761-4030. WE WILL ADVISE YOU IF ANY ADDITIONAL INFORMATION IS REQUIRED.**

Your physician has referred you for a test requiring an IV injection of contrast. During the injection you may experience a warm, flushed sensation and/or a bitter taste in your mouth. These sensations rapidly fade away and do not recur. Reactions such as nausea or even vomiting may occur but do not require treatment. Minor allergic reactions such as hives, swelling, itching or skin rash are usually limited but may require medication. We use only non-ionic contrast. This has a much lower incidence of side effects and is physiologically much safer. More serious allergic reactions are relatively rare occurrences and medication is available to treat these conditions if they arise.

Contrast material may be toxic to the kidneys especially if you have chronic kidney disease. It is important that you drink large amounts of fluid in the next 24 hours.

I, \_\_\_\_\_ have read and understand the above and give my consent to have contrast injected. I understand that in spite of every skill and prudent effort made to avoid complications during the examination, occasional complications do occur.

Do you require any further information? YES NO

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING, RECEIVING A COPY THEREOF, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT’S GENERAL AGENT TO GIVE CONSENT TO HAVE THE DESCRIBED PROCEDURE PERFORMED.

DATE \_\_\_\_\_ PATIENT/PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_ WITNESS SIGNATURE \_\_\_\_\_