

# Lake Imaging Center SM

7135 Perkins Road - Baton Rouge, LA 70808 ♦ 225.765.8600

## CT Contrast Exam Questionnaire

- Yes  No Have you had bloodwork in the past 30 days? If yes, where? \_\_\_\_\_
- Yes  No Are you diabetic?
- Yes  No Do you or have you ever had cancer? If yes, please specify \_\_\_\_\_
- Yes  No Is there a possibility that you might be pregnant?
- Yes  No History of kidney failure?
- Yes  No History of heart disease?
- Yes  No Severe debilitation?
- Yes  No History of sickle cell anemia?
- Yes  No History of asthma
- Yes  No History of hay fever?
- Yes  No History of unstable angina?
- Yes  No History of recent heart attack?
- Yes  No History of pulmonary hypertension or emphysema (COPD)
- Yes  No Have you ever had x-ray contrast?
- Yes  No Any reaction to x-ray contrast?
- Yes  No Do you take Glucophage, Glucovance, or Metformin for diabetes? If you are injected with contrast material, DO NOT take the medication listed above for the next 48 hours (2 days).

### History of severe arrhythmias such as:

- Yes  No Ventricular tachycardia
- Yes  No Sinoatrial dysfunction
- Yes  No Heart block second or third degree

Symptoms and duration \_\_\_\_\_

Any allergies to medication or foods? \_\_\_\_\_

Please list any surgeries you have had \_\_\_\_\_

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding this form.

Signature (Parent or Guardian) \_\_\_\_\_ Date: \_\_\_\_\_