

Beaumont

Patient Name _____

MRN _____

Department of Diagnostic Imaging
IMAGING HISTORY QUESTIONNAIRE

**Please give the form to the receptionist when you are called for your examination.
 If you have any questions, ask the technologist or nurse for assistance.**

1. Please describe why this procedure has been ordered _____

2. Have you ever had a CT examination? Yes No if yes when _____ where _____
3. Have you ever received X-ray dye (contrast media)? Examples could be for IVP (x-ray of the kidneys), IV urogram (IVU), venogram, arteriogram, heart catheterization, or CT exam. Yes No
4. Have you ever had a reaction or complication to the injection of contrast media? If yes, check all that apply.
 hives flushing shortness of breath nausea wheezing difficulty swallowing
5. If you were treated for the reaction, how were you treated? Check all that apply:
 oral medication oxygen injection IV fluids Other: _____
6. Have you been pre-medicated with any anti-allergic medications for today's examination? Yes No

Please list previous surgeries _____

PLEASE CHECK ALL THAT APPLY OR FILL IN THE BLANKS

	YES	NO
Have you been diagnosed with cancer What type _____		
Allergies (please list)		
Are you currently having symptoms due to asthma?		
Are you now experiencing any chest pain/ pressure, dizziness, irregular heartbeat, or shortness of breath?		
* diabetes		
Hypertension (high blood pressure)		
* Do you take a metformin-containing medication (i.e. Glucophage, Glucovance, Metaglip, Avandamet, other)?		
* Multiple myeloma		
Pheochromocytoma		

	YES	NO
Myasthenia gravis		
Systemic lupus erythematosus (lupus)		
* Renal Transplant		
* A kidney removed or have been told a kidney doesn't work?		
* Any kidney problems?		
Are you on Dialysis?		
Are you taking (or have recently taken) any drugs that you have been told might damage your kidneys?		
Mastectomy (removal of breast)		
Abnormal blood circulation in either arm		
Radiation therapy to the chest or arm		
Sickle cell anemia		

* **Labs required for Yes answers - Metformin see back**

Patient Signature _____ Date _____ patient unable to sign _____ RN/RT

