



Patient Label

CT IV Contrast Patient History and Consent

As part of the examination you are about to have performed, we may need to give you an injection of an Iodine based fluid (IV Contrast Media). This is an important part of the examination as it improves our ability to make an accurate diagnosis.

As there is a small possibility of adverse effects from the Iodine (like any other medications) there are a number of questions that we need to ask.

Have you had any recent CT scans? If yes, where was the scan performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had an Iodine injection in the past? If yes, did you have any adverse effects? e.g. Rash, Itchiness, Breathing Difficulties, etc. If yes, please explain.....	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
Are you allergic to anything? If yes, please list.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have Asthma? If yes, what medications do you take for asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any of the following? <ul style="list-style-type: none">• Kidney Disease• Diabetes• Multiple Myeloma• Hyperthyroidism (overactive thyroid)	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are you or could you be Pregnant? Are you currently Breastfeeding?	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
Are you currently taking Beta Blockers? e.g. Metoprolol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have answered all the questions above to the best of my ability and I consent to having the Iodine injection if required.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Patient Name

Patient signature

Date

Office Use Only

<i>Contrast Label</i>	Volume:	Flow Rate:	Radiographer:
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