CT EXAM HEALTH HISTORY

Thank you for choosing Oregon Imaging Centers. Your healthcare provider has ordered a CT examination to monitor your health. Images taken today will be read by a radiologist and a report will be sent to your healthcare provider within 2-3 business days. If you wish to receive a copy of your results, please complete the *Request for Health Records* form available at the front desk.



Following is important information about your CT exam.

lodine Intravenous (IV) Contrast Injections

Your exam may require injection of an iodine contrast agent used to increase clarity and diagnostic accuracy. Although the exam may be completed without contrast, the ability to detect abnormalities may be reduced. Anytime there is an injection of a material into the body, there is a possibility of a reaction. Most reactions are minor, such as nausea. Severe reactions, resulting in itching or hives or difficulty breathing, occur in less than 1% of patients.

Abdominal or Pelvic Exams with Oral Contrast

You may be asked to drink approximately 30 ounces (900ml) of an oral contrast agent. The type of oral contrast may vary based on your history and the indications for the exam.

Please make your technologist immediately aware if you experience any symptoms following the administering of an injected or oral contrast.

PLEASE ANSWER	THE FOLLOWING O	QUESTIONS:			
1. Is there any possibility that you might be pregnant?				☐ Yes	☐ No
2. What concerns or pro	blems led you to see you	ır physician?			
3. Have you had surgery in the area of today's exam?				☐ Yes	□ No
If yes, please specify:					
COMPLETE THIS S	ECTION IF YOUR E	XAM INCLUDI	ES IV INJECTION	S:	
4. Have you ever had an intravenous (IV) injection for an x-ray, angiogram or CT scan?				☐ Yes	□ No
If yes, did you have any problems or complications with it?				☐ Yes	☐ No
Please explain:					
5. Have you been diagno	osed with any of the follo	wing: (check all th	at apply)		
☐ Diabetes ☐ Kidney/Renal disease or failure					
6. If you are diabetic, do	you take any of the follow	wing medications?	?		
□ ActoPlus Met	□ Avandamet	□ Fortamet	☐ Glucophage		
☐ Glucophage XR	☐ Glucovance	☐ Glumetza	☐ Janumet		
■ Metaglip	☐ Metformin (generic)	□ PrandiMet	□ Riomet		