



SOUTHAMPTON HOSPITAL

240 MEETING HOUSE LANE, SOUTHAMPTON, NY 11968

Imaging Department

Patient Pre-Contrast Injection Questionnaire for Radiology

NAME:	Date of Birth:
Your Doctor's Name:	Today's Date:

1. Reason for Exam _____

2. DO YOU HAVE ANY SYMPTOMS AND FOR HOW LONG? _____

Please answer these questions:

- | | | |
|---|-----|----|
| 1. Have you had a prior ALLERGIC reaction to contrast dye? | YES | NO |
| 2. Do you have Multiple Myeloma? | YES | NO |
| 3. Do you have Asthma? | YES | NO |
| 4. Do you have heart disease? | YES | NO |
| 5. Do you have kidney disease? | YES | NO |
| 6. Do you have any history of cancer? | YES | NO |
| 7. Do you have diabetes? If yes, how long: _____ | YES | NO |
| 8. Are you taking Glucophage, Glucovance, Metaglip, Avandamet, Fortamet, Riomet, Metformin, Actoplus Met, or Interlukin? (circle) | YES | NO |
| 9. Have you had a mastectomy or Lymph node dissection? Which side? | YES | NO |
| 10. FEMALES ONLY: | | |
| Is there any chance of pregnancy? | YES | NO |

ALLERGIES: _____

PRESENT MEDICATIONS _____

Reviewed by: _____

MEDICAL HISTORY: _____

PREVIOUS SURGICAL HISTORY: _____

FOR RADIOLOGICAL STAFF-TO COMPLETE. TECHNOLOGISTS AND NURSES

Any prior exams? (when and where)? _____

Laboratory Data eGER = _____ Creatinine = _____ Date Drawn = _____

Patient Assessment:

Alert: Y N Procedure explained: Y N Pt. Acknowledges understanding: Y N

CONTRAST INJECTION:

Contrast: _____, Volume _____ ml, Location # _____ g in _____, Power or Hand injection

ADDITIONAL NOTES: If none, cross out: _____

DISCHARGE INSTRUCTIONS:

1. Drink several extra glasses of fluid today. Y N 2. Diabetic Instructions given Y N/A

RN/Physician Signature: _____ Technologist: _____

Date: _____ Time: _____



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Authorization for Intravenous Contrast Media

Patient Name: _____

DOB: _____

Your physician has requested an Intravenous Contrast Study of _____ to be performed. This test uses specialized imaging techniques to view particular anatomy within your body. Your doctor has ordered this procedure with the expectation that it will provide necessary information to better understand and treat your medical problem.

As part of this exam you may be given an iodine-based (this is not a radioisotope tracer), non-ionic contrast media. This helps to visualize in more detail certain structure. This contrast media is injected in a vein while imaging is performed. While the contrast media is essentially very safe, there can be occasional side effects or reactions. The physicians and staff of the Radiology department are trained to treat these reactions if they occur.

The types of reactions you might have are:

- Minor reactions: Itching or upset stomach which should not require any treatment. The chance of a minor reaction is 1 in 100 or 1%.
Serious reactions: These side effects usually require medical treatment and may even cause harm. They include shortness of breath, irregular heartbeat, convulsions, kidney failure or unconsciousness. The chance of a serious reaction is 1 in 6000 or 1.017%.
Death: Rarely, as with many drugs, contrast media can cause death. The chance of dying from the injection of contrast is less than 1 in 100,000 or 0.001%.

If you have any questions, please ask the technologist or Radiology Nurse. There is also a Radiologist available to speak to you upon your request.

I have read the above information and have had my questions answered. YES NO

Women age 12 - 55: I believe that I am not pregnant, nor am I a nursing mother. _____ (pt. initials)

Signature lines for Patient, Parent/Legal Guardian, Witness, and Physician, each with corresponding Date and Time fields.