Elite IMAGING

CT History/Screening Sheet

Patient Name_____Date_____

AGE_____ Weight_____

Are you diabetic? ☐ YES ☐ NO
If yes, what medication are you taking for your diabetes?_____

Do you have a previous history of renal (kidney) function problems? ☐ YES ☐ NO
If yes explain: _____

Do you have a history of multiple myeloma? ☐ YES ☐ NO

Do you have any allergies to iodine, other medications or food? ☐ YES ☐ NO

If yes please list those medications_____

_____

Could you be pregnant? ☐ YES ☐ NO

Have you ever been diagnosed with cancer? ☐ YES ☐ NO

If yes what type: _____

_____

Please describe the reason for this test today_____

_____

Please list any other tests (MRI,CT, X-rays) you have had for this problem:

_____

_____

What if any surgeries have you had?_____

_____

_____

Patient Signature_____Date_____

Technologist notes_____

Creatinine_____ Technologist initials_____