



## CT-HISTORY, DISCLOSURE AND INFORMED CONSENT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Doctor: \_\_\_\_\_ CT of: \_\_\_\_\_

**PLEASE READ AND CIRCLE YES OR NO IF THE FOLLOWING CONDITIONS APPLY:**

Wig / hairpiece	Yes	No	Sickle cell anemia	Yes	No
Dentures / partial	Yes	No	Severe dehydration	Yes	No
Hearing aid	Yes	No	Asthma or Eczema	Yes	No
Ostomy appliance	Yes	No	Lung disease	Yes	No
Artificial eye or limb	Yes	No	Currently on dialysis	Yes	No
Neurostimulator	Yes	No	Hx of renal failure	Yes	No
Heart Disease	Yes	No	Do you have seizures?	Yes	No
Congestive Heart Failure	Yes	No	Have you ever had any surgeries?	Yes	No
Irregular heart beat	Yes	No	If Yes, when & what?		
Kidney disease	Yes	No	_____		
Cancer	Yes	No	_____		
Diabetes	Yes	No	Have you ever had radiation therapy?	Yes	No
High blood pressure	Yes	No	Have you ever had chemotherapy?	Yes	No
Taking Glucophage	Yes	No	Are you pregnant?	Yes	No
Allergies	Yes	No	Are you nursing an infant?	Yes	No
Multiple Myeloma	Yes	No	Any other medical problems?	Yes	No

If Yes, describe: \_\_\_\_\_

Have you ever had a contrast injection with any adverse effect? Yes No Describe \_\_\_\_\_

What symptoms are you having \_\_\_\_\_

I understand that the procedure to be performed on me involves the use of x-rays, and possibly injection needles and iodine containing solutions (x-ray dye), which may enhance the diagnostic accuracy of the procedures.

You may be receiving an intravenous contrast media and/or oral contrast media to enhance the visibility of certain tissues. Possible side effects include, but are not limited to, pain or swelling at the site of injection, nausea, vomiting, a warm flushed feeling, potential allergic reaction including, but not limited to hives, wheezing, difficulty breathing, and in rare instances, anaphylactic shock (severe allergic reaction). More severe reactions may occur, including death, but these are very rare and the value of the diagnostic information, which may be obtained, outweighs the risk of procedure. The purpose, benefits and complications of the contrast procedure will be explained to your satisfaction before any injection takes place.

I hereby consent to any measure necessary to correct complications that may occur. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of this examination.

**I CONFIRM THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**I HAVE READ, UNDERSTAND, AND HEREBY CONSENT TO THIS CT EXAMINATION.**

\_\_\_\_\_  
 Patient Signature (Parent or Guardian, if Patient is a Minor)

\_\_\_\_\_  
 Date