DENVILLE DIAGNOSTICS 973.586.1212 | RADIOLOGY CENTER OF FAIR LAWN 973.238.0700 | STAR MRI OF WAYNE 201.475.1300

IMAGECARE CENTERS

1.2T Open MRI · 1.5T Extremity MRI · 1.5T Short/Wide Bore MRI · MR/CT Angiography · Arthrograms
CT Scan · Ultrasound · X-Ray · 3D Mammography · Bone Density · Dental Scan

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CT SCAN QUESTIONNAIRE

Name:_____ DOB: _____

1. Why did your doctor order this scan?

_____

2. Please describe any pain/discomfort you have:

_____

3. Have you ever had a CT before? **YES** **NO** If yes, what type, when and where?

_____

4. Have you ever received IV contrast (dye) before**?** **YES** **NO**

5. Do you have any **allergies** to food, medicine, NutraSweet or latex? **YES** **NO** If yes, what?

_____

6. Are you diabetic? **YES** **NO**

IF YES, do you take: GLUCOPHAGE , GLUCOVANCE, AVADAMET, METAGLIP, METFORMIN, ACTOPLUS-MET, JANUMET, GLUCOPHAGE X-RAY

IMPORTANT: These medications must not be taken 48 hours after your scan

Have you ever been diagnosed with cancer: **YES** **NO** If yes, what type and when?_____

Radiation therapy: **YES** **NO** When:_____ *Chemotherapy:* **YES** **NO** When:_____

Have you ever had a major surgery? **YES** **NO** If yes, what type and when?

_____

Do you have a history of kidney disease, renal failure/disease, renal insufficiency, or do you have only 1 kidney? **YES** **NO**

Do you have sickle cell disease? **YES** **NO**

Do you have multiple myeloma? **YES** **NO**

Have you ever had an allergic reaction to IV contrast before? **YES** **NO**

If yes, please describe what happened?_____

Do you have any pheochromocytoma (adrenal mass)? **YES** **NO**

Do you have any major medical problem? **YES** **NO** If yes, what? _____

Is this related to a motor vehicle accident or worker's compensation claim? **Yes** **No**

FEMALE PATIENTS ONLY:

Are you pregnant or breastfeeding? **YES** **NO** Last menstrual period:_____

Any breast surgeries? **YES** **NO** If yes, which side and when? _____

Have you had a hysterectomy? **YES** **NO** If yes, when? _____

Patient Signature: _____Date:_____