



PHYSICIANS' CLINIC
of Iowa, P.C.
Together in health.

Date: _____

Patient Name: _____

DOB: _____

Ordering Provider: _____

CT PATIENT IV CONTRAST SCREENING FORM - To be completed by patient (or patient representative)

This CT scan uses intravenous (IV) injection of iodinated contrast and/or ingestion of oral contrast material, commonly known as x-ray or CT dye. These contrast agents are used to enhance visualization of certain organs.

Have you had any of the following:

Yes No

- Contrast injection for CT scan, cath procedure or x-ray test in last 7 days?
(If Yes, may need creatinine/eGFR - technologist will consult radiologist)
- Contrast injection for CT or MRI scan, cath procedure or x-ray test in last 48 hours?
(If Yes, may need creatinine/eGFR 24 hours after the prior test - technologist will consult radiologist)
- Asthma?
- Previous allergic reaction to IV contrast material? If yes, please describe: _____
- Allergies? If yes, list: _____

- Are you allergic to latex?
- Are you pregnant?

Your current weight: _____

eGFR screening indications (need creatinine/eGFR if Yes to any of the following, or if age 60 yrs or older):

Yes No

- Kidney disease, impaired kidney function, partial or complete kidney removal?
- High blood pressure or history of heart disease?
- Diabetes?

Check all **Metformin** medications you are taking:

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Actoplus Met | <input type="checkbox"/> Glumetza | <input type="checkbox"/> Kombiglyze | <input type="checkbox"/> Synjardy |
| <input type="checkbox"/> Avandamet | <input type="checkbox"/> Invokamet | <input type="checkbox"/> Metaglip | <input type="checkbox"/> Segluromet |
| <input type="checkbox"/> Fortamet | <input type="checkbox"/> Janumet | <input type="checkbox"/> Metformin | <input type="checkbox"/> Xigduo |
| <input type="checkbox"/> Glucophage | <input type="checkbox"/> Jentadueto | <input type="checkbox"/> PrandiMet | |
| <input type="checkbox"/> Glucovance | <input type="checkbox"/> Kazano | <input type="checkbox"/> Riomet | |

Other: _____

I attest that the above information is correct to the best of my knowledge.

Signature of patient (or other responsible adult): _____ Date: _____

Form completed by: Patient Other: _____

Print name (and title or relationship to patient)



INFORMATION FOR CT WITH CONTRAST INJECTIONS

To be read and signed by patient and technologist.

Your physician has referred you (or your family member) to Physicians' Clinic of Iowa – Imaging for a Computed Tomography (CT) scan. This test is simple, fast and painless. A CT scanner uses a rotational x-ray tube system and a computer to examine your body's internal structures with 3_D imaging.

We would like to provide you with information about the possible risk factors and rare complications that have been associated with CT with contrast exams.

If you are pregnant or could be pregnant, you must tell the technologist before starting this test, even though the risk of birth defects or fetal death is very small. Medical x-ray tests use a minimal precisely calculated amount of radiation. The risk of causing cancer from this CT scan test is extremely small.

Your healthcare provider has ordered this CT scan test to be performed with a contrast agent and believes this is the best test to evaluate your medical condition. The contrast material is a solution that helps in the visualization of a blood vessel or body organ. The injection will be given into one of your veins. There is a risk of a rare complication that can cause local damage to the arm if large amounts of the contrast material leak out of the IV into the surrounding muscle and skin.

Most patients experience no unusual effects from the contrast injection. On occasion, a patient may feel a warm sensation and/or develop a metallic taste in his/her mouth after the injection. These side effects are short term and only last as long as the scans. A few patients have an allergic-type reaction; nausea, vomiting; itching and hives (raised skin reactions resembling mosquito bites); swelling of the eyes and lips; sneezing; or difficulty breathing. Medications are on hand to treat these conditions, should they occur.

In rare instances, more serious complications have been encountered. While it is impractical and misleading to describe them all, these complications include shock, kidney failure, sclerodermal-like skin disorder, and cardiac arrest. We have facilities to treat these reactions immediately, however, despite vigorous emergency treatment, some fatalities do occur (one per 1,000,000 procedures.) Your doctor is aware of these possible complications, but has determined that the diagnostic information which the examination provides outweighs the minimal risks of the procedure.

Your technologist will be happy to answer any specific questions you may have about the procedure, either before or at the time of the study. A radiologist is also available for consultation if you or the technologist deems it necessary.

I have read and understand the above information. All of my questions have been answered.

Yes No = Question: _____

The question above has been answered to my satisfaction: Yes No

I have NOT had an imaging test with contrast in the past 48 hours

I HAVE had an imaging test with contrast in the past 48 hours at: _____

I agree to have the CT test as ordered by my provider, along with the injection of the imaging contrast material.

Patient Name (please print) _____ Date of Birth _____

Patient Signature _____

FEMALE PATIENTS ONLY

I am NOT pregnant I could possibly be pregnant I AM pregnant I am breast feeding

Witness _____