

Allegheny Imaging of McCandless

CT SCAN EXAMINATION RECORD/CONSENT

Patient: _____ AGE: _____

CURRENT MEDS: _____

ALLERGIES: _____

Have you had surgeries in the past? If so, what type and when? _____

Did you ever have cancer? If so, what type and when? _____

What other medical problems do you have? _____

	YES	NO
Are you allergic to Iodine?		
Are you allergic to Seafood?		
Do you have seasonal allergies (hay fever)?		
Do you have a Latex allergy?		
Are you a Diabetic?		
Are you taking Glucophage to treat your Diabetes?		
Have you had the following x-ray examinations?		
- IVP (kidney test)		
- Angi ogram		
- CAT Scan		
Heart Di sease?		
Ki dney Di sease?		
Lung Di sease?		
Asthma?		
Si ckle Cell Anemi a?		
Mul ti ple Myel oma?		
Is there any possi bility of you being pregnant?		
Date of last menstrual period?		

Your signature indicates that you have read all the information contained on this form and had an opportunity to have all of your questions answered.

I understood and answered the above questions.

PATIENT'S SIGNATURE/DATE: _____

TECHNOLOGIST SIGNATURE/DATE: _____

If you have any other type of disorder, please be sure it is indicated on this form and be sure to inform the technologist.