



## CT Patient History Sheet

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for Exam (present complaint requiring CT Scan): \_\_\_\_\_

Are you pregnant?     Yes         No

Do you have any reason to believe you might be pregnant?     Yes         No

Are you nursing an infant?     Yes     No

If yes, stop nursing for 48 hours after contrast injection.

Date of your last menstrual period: \_\_\_\_\_

List any surgeries:

Past or Present history of Cancer?         Yes         No

If yes, what type? \_\_\_\_\_

Past or Present history of Chemotherapy?         Yes         No

If yes, date of last treatment: \_\_\_\_\_

Past or Present history of Radiation Therapy?         Yes         No

Do you take Metformin containing drugs (these are medications for diabetes or PCOS, e.g., Glucophage or Glucovance)? If you are unsure, speak with the technologist.     Yes         No

Do you have or have you ever had a history of:

High Blood Pressure                             Yes         No

Kidney Disease                                     Yes         No

Asthma     Yes         No

Sickle Cell Anemia                                 Yes         No

Multiple Myeloma                                  Yes         No

Scleroderma/Lupus                                Yes         No

Diabetes      Yes         No

If yes, what medication do you take? \_\_\_\_\_

Medication Allergy                                Yes         No

If yes, please list: \_\_\_\_\_

Heart Disease                                       Yes         No

If yes, please list: \_\_\_\_\_

Any previous CT studies?                         Yes         No

If yes, where and when? \_\_\_\_\_

Previous reaction to contrast (X-ray Dye, Iodine, IVP or Angiography)?     Yes         No

If yes, describe reaction and treatment: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*By signing this form, I hereby attest that all information on this form is true and correct.**