Radiology Associates of Ridgewood, P.A.

COMPUTED TOMOGRAPHY

Name _____ **Date** _____

Age: _____ **Date of Birth:** _____ **Referring Physician** _____

Wt: _____ **Ht:** _____

REASON FOR EXAMINATION / YOUR CHIEF COMPLAINT: _____

_____

_____

PLEASE CHECK APPROPRIATE ANSWER

Allergies:	**Yes**	**No**
X-ray Dye	❑	❑
★ If yes, were you premedicated today?	❑	❑
History of severe allergy / Anaphylaxis	❑	❑
Latex	❑	❑
Food / Medication_____	❑	❑

Personal Medical History:	**Yes**	**No**
Diabetes	❑	❑
Kidney Failure / Disease	❑	❑
Liver Disease / Hepatitis	❑	❑
Multiple Myeloma	❑	❑
Connective Tissue Disease (Rheumatoid Arthritis, Scleroderma, Lupus, Dermatomyositis, Sarcoidosis)	❑	❑
Covid-19	❑	❑
★ If yes, date:_____		
Asthma	❑	❑
Lung Disease	❑	❑
Heart Disease		
Heart Failure	❑	❑
Arrythmia	❑	❑
Pacemaker / Defibrillator	❑	❑
High Blood Pressure	❑	❑
Bowel / Bladder Disease	❑	❑
Glaucoma	❑	❑
Stroke	❑	❑
Cancer Type:_____	❑	❑
Radiation or Chemo Therapy	❑	❑
Pheochromocytoma	❑	❑
Insulinoma	❑	❑
Myasthenia Gravis	❑	❑

★ If yes, side effects explained _____ initials

1. List all previous surgery: _____

_____

_____

_____

2. List all other medications you are presently taking:

_____

_____

_____

3. Do you take Aspirin or NSAIDS daily? ❑Yes ❑No
4. Have you ever had an injection of x-ray dye? ❑Yes ❑No
5. If yes, did you have a reaction? ❑Yes ❑No
6. Have you had injection of x-ray dye within the past 30 days? ❑Yes ❑No
7. Is there any possibility you are pregnant/breastfeeding? ❑Yes ❑No
8. Smoking History ❑ current ❑ former ❑ never
9. For Patients having CT Lung Cancer Screening Procedure only:

   a) _____ packs per day_____ number of years smoking/smoked

   b) If former smoker, how many years since quitting? _____ years

FOR OFFICE USE ONLY: Creatinine _____ | **GFR** _____

Rx checked _____ initials

Normal Range (0.6 - 1.3 mg/dl) | Normal Range (>60)

Acceptable Range (<2.0 mg/dl) | Acceptable Range (>30)

Injection

Site: _____

Amount: _____

❑ I/V Removed _____ Initials

History form reviewed by nurse _____ Initials

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