Radiology Associates of Ridgewood, P.A.

COMPUTED TOMOGRAPHY

Name _____ **Date** _____

Age: _____ **Date of Birth:** _____ **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)	❑	❑
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	❑	❑

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
   ★ If yes, did you have a reaction? ❑Yes ❑No

5. Have you had injection of x-ray dye within the past 30 days? ❑Yes ❑No

6. Is there any possibility you are pregnant/breastfeeding? ❑Yes ❑No ❑ Maybe
   (females between 12-52)
   Last menstrual period: _____

   Signature _____

7. Smoking History ❑ current ❑ former ❑ never
   a) ____ packs per day _____ number of years smoking/smoked
   b) If former smoker, how many years since quitting? _____ years

FOR OFFICE USE ONLY: Creatinine _____
Normal Range (0.6 - 1.3 mg/dl)
Acceptable Range (<2.0 mg/dl)

GFR _____
Normal Range (>60)
Acceptable Range (>30)

Injection

Site: _____ Lot: _____

Amount: _____ Exp: _____

Rx and history reviewed by: _____

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