

Vanderbilt Imaging Services

Department of Radiology CT Scan Patient Procedure Form

Welcome to Vanderbilt Imaging Services CT Scan Department. Your exam will usually require 15 minutes to 1 hour, depending on the type of scan your physician has ordered. Please complete the following questionnaire to help us serve you better. The technologist will answer any questions that you may have before the exam begins.

Have you ever received Intravenous Contrast media for a radiology exam? Yes No

If yes, how long ago? _____ Any problems? _____

Do you have an allergy or reaction to contrast material used for X-ray or CT scan? Yes No

Do you have allergies (medications or iodine)? Yes No

If yes, describe: _____

Please check if you have any of the following conditions:

<input type="checkbox"/> Diabetes (check one)	<input type="checkbox"/> Insulin	<input type="checkbox"/> Oral Diabetic Meds	<input type="checkbox"/> Metformin (Glucophage, Glucovance, Avandamet, Metaglip or Glyberide)
<input type="checkbox"/> Ovarian Cystic Disease			
<input type="checkbox"/> Cardiac Problems	<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Pheochromocytosis	
<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Organ Transplant	
<input type="checkbox"/> Mastocytosis	<input type="checkbox"/> Hypertension	(Heart/Kidney/Liver/Lung)	

Other conditions: _____

Are you currently taking chemotherapy? Yes No

Do not write below this line.

Patient Discharge Information:

You have been given an intravenous contrast media/oral liquid to aid in your exam. Please drink an additional 3 full glasses (24 ounces) of water today to help eliminate this contrast from your system. If you have any problems within the next 24 hours that you feel are related to this procedure, please call your physician. If you are unable to contact them, please call _____ to speak with a Radiologist. You may resume your normal activities and medications as directed by your physician. Thank you for choosing Vanderbilt Imaging Services for your imaging needs.

Instructions given by: _____ Date: ____/____/____

Instructions received by: _____