

Patient Name: _____ Age: _____

Emergency Contact: _____ Phone: _____

Reason you are having this exam?

For female patients:

1) Any possibility you may be pregnant? Yes No

2) Are you breast feeding? Yes No

3) Have you had any barium or contrast exams within the past week? Yes No

If YES, please notify the receptionist or technologist immediately.

4) Do you have any allergies to medication? Yes No

If YES, please explain: _____

5) Do you take any medications? Yes No

If YES, please list: _____

6) Have you ever had an injection for an x-ray exam, specifically contrast or dye? Yes No

7) Check if you have any of the following:

___ thyroid disease ___ high blood pressure ___ heart disease ___ asthma

___ diabetes ___ kidney disease

8) Do you have any history of multiple myeloma? Yes No

9) Do you have any history of pheochromocytoma? Yes No

10) Do you have any other known diseases? Yes No

If YES, please explain:

11) Have you ever had surgery before? Yes No

If YES, please explain:

12) Did you take the preparation for your exam? Yes No

13) Have you had radiation therapy or treatments? Yes No

Prior scans and x-rays are often helpful as we interpret your current exam.

Have you had any CT Scans, MRI, X-Rays, or other Imaging Studies in the past? Yes No

What Type? _____ When? _____ Where? _____

I consent to the intravenous injection of the contrast material ultravist.

Should any of the rare complications occur with this procedure, I consent to any medical Intervention deemed necessary.

Patient Signature: _____ Witness: _____