NORTH JEFFERSON IMAGING

CT TECH SHEET

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES OR NO:

\_\_\_\_\_\_\_\_\_\_\_\_ 1. Do you have a pacemaker, defibrillator, or implanted mechanical or

electrical device?

\_\_\_\_\_\_\_\_\_\_\_\_ 2. Have you had cancer? What type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ 3. Are you diabetic?

If so, are you on glucophage (Metformin)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ 4. Do you have hypertension (high blood pressure)?

\_\_\_\_\_\_\_\_\_\_\_\_ 5. Do you have a history of cardiovascular disease?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Heart Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Heart Medication

\_\_\_\_\_\_\_\_\_\_\_\_ 6. Do you have a history of renal (kidney) disease?

\_\_\_\_\_\_\_\_\_\_\_\_ 7. Have you ever had a reaction to contrast (x-ray dye)?

\_\_\_\_\_\_\_\_\_\_\_\_ 8. Is there a possibility of pregnancy? LMP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ 9. Any allergies to any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ 10. Is today’s scan related to any injury; if so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior surgery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contrast administered Patient’s signature

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Technologist’s signature Date