# BATON ROUGE RADIOLOGY GROUP

## Imaging Center

**Telephone: (225) 769-9337**

**EXAMINATION QUESTIONNAIRE AND CONTRAST ADMINISTRATION RECORD**

PATIENT'S NAME: ______________________ DATE: __________

REFERRING PHYSICIAN: ______________________ DATE OF BIRTH: __________

Procedure: ______________________

Is the patient able to cooperate? YES ________ NO ________

History or tentative diagnosis: ______________________

______________________

Previous diagnostic procedure (s) pertinent to CT examination

X-ray ________ Nuclear Medicine ________ Ultrasound ________ CT ________

Comments / Previous Surgeries: ______________________

______________________

______________________

**HISTORY OF ALLERGIC REACTION TO CONTRAST MEDIA** YES ________ NO ________

**PATIENT DENIES PREGNANCY ?** YES ________ NO ________ ( IF **NO**, DO NOT PROCEED UNTIL FIRST SPEAKING WITH A RADIOLOGIST )

**Part A: IV Contrast Questionnaire**

1. Previous adverse reaction to contrast material ......... Yes ......... No
2. History of asthma or allergy ......... Yes ......... No
3. History of diabetes ......... Yes ......... No
   Is patient currently taking **Glucophage** ......... Yes ......... No
   If yes, do not procede with exam, notify radiologist.
4. History of kidney disease ......... Yes ......... No
5. History of chest pain, heart problem, heart attack ......... Yes ......... No
6. History of High Blood Pressure ......... Yes ......... No
7. Generalized severe debilitation (weakness ) ......... Yes ......... No
8. Sickle cell disease ......... Yes ......... No
9. History of multiple myeloma ......... Yes ......... No

**Part B: IV Contrast Administration Record** ***( for office use only )***

*IV Contrast Administered:* Contrast used: Isovue 370 Expiration date: ________ Lot # ________

Volume given: ______ ml Injection site: ________ Date: ________ Time: ________

Description of any reaction during or following injection: ( circle all that apply )

N/A Nausea Hives Vomiting Difficulty breathing Other: ________

Medication given for reaction: ______________________

______________________

Representative Signature

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