



CT QUESTIONNAIRE

Patient Name: _____

Age _____

Examination: _____

Date: _____

1. What are your symptoms? _____
2. Have you had a CT Scan before? _____
3. Do you have any allergies? _____
4. Do you have Diabetes? _____
If YES, which medication do you take? _____
5. Do you have Kidney Disease _____
6. Do you have High Blood Pressure? _____
7. Do you have Heart Failure? _____
8. Have you had any previous surgery? _____
if YES, please specify _____
9. Do you have any known Cancer? _____

10. **FEMALES:** Is there a possibility that you may be pregnant? _____

I hereby declare that the above information is correct, I consent to the administration of intravenous and/ or intra-articular contrast medium, if found necessary by the Radiologist.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Urea: _____

Contrast: _____

Creatinine: _____

Volume: _____

eGFR: _____

Radiographer: _____