

## **RADIOLOGY QUESTIONNAIRE**

### ***Iodine-containing Contrast Medium Patient Information***

The imaging procedure you are about to have may require the use of iodine – containing contrast material. Depending on the type of procedure you are having, the contrast material may be injected into a vein, into a joint or other part of the body, or you may be asked to drink the contrast material.

Contrast material is used by radiologists to help highlight the important structures we are examining and to improve the accuracy of the test you are about to have.

Certain medical conditions may influence the way you react to the contrast material and it is important that we know about these before proceeding. Therefore, please answer the questions below.

- Are you pregnant or breast feeding? \_\_\_ YES \_\_\_ NO
- Are you allergic to any medications? \_\_\_ YES \_\_\_ NO  
If so what are they? \_\_\_\_\_
- Are you asthmatic and are on daily inhalers? \_\_\_ YES \_\_\_ NO
- Have you had a previous injection of IV contrast medium? \_\_\_ YES \_\_\_ NO  
Did you have an allergic reaction or complication to the injection? If so, please describe:  
\_\_\_\_\_
- Have you been pre-medicated for today's CT exam? \_\_\_ YES \_\_\_ NO  
If yes, please list medications and dosage: \_\_\_\_\_
- Do you have high blood pressure? \_\_\_ YES \_\_\_ NO
- Do you have diabetes? \_\_\_ YES \_\_\_ NO
- Do you take Metformin, Avandamet, or any Glucophage containing medications? \_\_\_ YES \_\_\_ NO
- Do you have kidney disease? \_\_\_ YES \_\_\_ NO
- Are you on dialysis? \_\_\_ YES \_\_\_ NO  
If yes, when is your next dialysis appointment? \_\_\_\_\_
- Have you ever been diagnosed with any of the following conditions?
  - FLUID PROBLEMS \_\_\_ YES \_\_\_ NO
  - HEART FAILURE or CONGESTIVE HEART FAILURE \_\_\_ YES \_\_\_ NO
  - HEART ATTACK \_\_\_ YES \_\_\_ NO
  - THYROID DISEASE (If yes, list disease: \_\_\_\_\_) \_\_\_ YES \_\_\_ NO
  - LATEX ALLERGIES \_\_\_ YES \_\_\_ NO
  - MULTIPLE MYELOMA \_\_\_ YES \_\_\_ NO
  - MYASTHENIA GRAVIS \_\_\_ YES \_\_\_ NO
  - PHEOCHROMOCYTOMA \_\_\_ YES \_\_\_ NO
  - SICKLE CELL DISEASE \_\_\_ YES \_\_\_ NO

## **CONTRAST CONSENT FORM**

### ***Iodine-containing Contrast Medium***

Your doctor has asked us to perform an imaging procedure on you that involves an injection of contrast material.

The contrast material helps the radiologist in the interpretation of your test. It enhances visualization of blood vessels and vascular structures, and can make certain abnormalities more apparent. The contrast is filtered by the kidneys and is excreted in your urine.

Certain risks are involved when contrast is used. Most of the risks are minor, however some can be serious. Minor reactions include, but not limited to: hives, sneezing, skin rash or mild swelling of the eyes, nose, and/or throat. Major reactions resemble those of a severe allergic reaction, and can include swelling of the face, tongue, and/or throat, difficulty breathing, low blood pressure and in some rare instances, death. Most of these reactions can be treated successfully with medications which we have immediately available in the Radiology department if they are needed.

Your doctor and the radiologists are aware of the rare possibilities of a contrast reaction, but feel that the benefits of this kind of study outweigh the risks noted above.

I have read the above information and have been informed of and understand the risks involved with the procedure. I am aware of the possibilities and accept all responsibility for any such reaction(s) and consequences. I give my authorization and consent for the administration of contrast material via intravenous injections. I have had an opportunity to ask questions.

\_\_\_\_\_  
Patient's/Guardian's Name (Please Print)

\_\_\_\_\_  
Witness (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's/Guardian's Name (Signature)

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Translator (Please Print)

\_\_\_\_\_  
Translator (Signature)

\_\_\_\_\_  
Date