



MRI/CT CONTRAST INJECTION HISTORY FORM

1. Have you ever had a Contrast Injection? Yes No

If so, when was your last injection? _____

2. Have you ever had a reaction to contrast injection? Yes No

Type of reaction:

- Hives
- Severe Itching
- Shortness of Breath
- Difficulty Swallowing
- Hospitalization
- Anaphylactic (Stopped Breathing)
- other explain: _____

3. Do you have history of:

- Asthma
- Allergy Condition
- Anemia
- Sickle Cell Anemia
- Kidney Disorder
- Currently Pregnant/ Breast feeding

4. Are you taking any of the Following Medication:

- Metformin Hydrochloride
- Glucophage
- Glucovance
- Metaglip

5. Please List all medications you are allergic to:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Is there any additional information that you feel may be helpful to the technologist or our staff during your procedure that we need to be aware of, concerning the contrast injection you will receive today?

Explain: _____

I hereby agree that the above statement and answers to all questions above are true and accurate to the best of my knowledge. This questionnaire has been explained to me thoroughly and I have no further question in regard to this form.

Patient Name: _____

Date: _____

Signature: _____

Office Use Only

Receptionist: _____

Date: _____

Technologist: _____

Date: _____