

First Name _____ Last Name _____ DOB/Age _____
 Ht. _____ Wt. _____ Allergies _____ PT# (Internal) _____

REASON FOR EXAM (Please include symptoms and time frame):

TECH NOTES (for internal use only):

IV Access:

Contrast: _____ ml from _____ ml bottle

Concentration: _____ mg/mol

Guerbet Optiray GE Omnipaque

Additional Notes:

Previous Imaging Studies Related to Todays Exam	Date

Previous Surgeries Related to Todays Exam	Date

Is your area of concern related to an injury? Yes No If yes, continue:

Date of Injury _____ How were you injured? Car Accident Work Other

Describe Injury (please be specific) _____

Have you ever been diagnosed with Diabetes? Yes No If yes, medication? Oral Injection _____

Have you ever had Renal Failure? Yes No If yes, when? _____

Have you had kidney surgery or do you have only one kidney? Yes No If yes, which kidney? Right Left

Have you ever been diagnosed with Cancer? Yes No If yes, what type? _____

Location: _____ Has it spread? Yes No If yes, Where: _____

Treatment: Surgery Radiation Chemo Other Cancer treatment(s): _____

Date of Last Treatment: _____ Current status: Newly Diagnosed Remission Recurrence

Do you currently have or have you ever had any of the following conditions or procedures:

High Blood Pressure/Hypertension Yes No If yes, How Long? _____

High Cholesterol Yes No If yes, How Long? _____

Shortness of Breath Yes No If yes, How Long? _____

Any Chest Pain Yes No If yes, How Long? _____

Stress Test Yes No If yes, Were Results Normal? Yes No

Abnormal EKG Yes No If yes, When? _____

Heart Bypass Surgery Yes No If yes, How Many? _____ When? _____

Stents placed in your heart Yes No If yes, How Many? _____ When? _____

Family history of Heart Disease Yes No If yes, Which Family Member(s)? _____

Taken any sexual performance drugs in the last 48 hours? Yes No If yes, When? _____

Are you a Smoker? Current Past Never Current or Past, Did/Do you smoke Cigarettes?

Yes Other: _____ How Many years? _____

I agree that the above information is correct (Do not fill out until after technologist has reviewed):

Patient Signature: _____ Todays Date: _____