CT Technologist Intake Form - Contrast Exam

Patient Name: _____

Patient Phone Number: _____

Screening Questions	Yes	No
Has insurance authorization been obtained?	☐	☐ Contact front office for update, reschedule if needed.
Pregnancy consent on file, if applicable?	☐	☐ Contact ordering provider.
Breastfeeding information provided, if applicable?	☐	☐ Provide breastfeeding instructions.
Does the patient have a continuous glucose monitor in the scan area? If yes, does the patient have a replacement monitor that can be implanted after CT?	☐	☐ Contact ordering provider, reschedule if needed.
Has the patient completed the premedication regimen, if applicable?	☐	☐ Instruct patient to start premedication if CT appointment is more than 13 hours away, if less than 13 hours, exam needs to be rescheduled.
Is there a GFR on file within 45 days, if applicable?	☐	☐ Instruct patient to go for bloodwork, if not able to, exam needs to be rescheduled.
Does the patient take Metformin or Metformin-containing meds AND have AKI (GFR <30)?	☐	☐ Provide Metformin instructions to patient to withhold meds.
Does the patient have vascular access limitations (i.e. dialysis access, Port, PICC, etc.). If yes, is the patient able to have an IV placed in either arm?	☐	☐ Contact ordering provider, reschedule to hospital location if needed.
Does the patient's weight meet the acceptable standards for the CT scan table?	☐	☐ Contact ordering provider, reschedule to hospital location if needed.
If oral contrast needed, time administered:		