

## CT QUESTIONNAIRE/AUTHORIZATION

(office use)

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**1. Why are you having this exam?**

\_\_\_\_\_

**2. Do you have an allergy to Latex?** ☐ Yes ☐ No

**3. Do you currently/have you ever had any of the following:**

- ☐ Diabetes Mellitus ☐ Hypertension (high blood pressure)  
☐ Protein in urine ☐ Interventional procedure of any kind  
☐ None of the above

**4. Are you currently taking metformin, glucophage, or any medication that contains metformin or glucophage?** ☐ Yes ☐ No

**5. Do you currently have/have you ever had history of kidney disease:**

- ☐ Kidney Disease ☐ Kidney Failure ☐ Transplant kidney tumor and/or kidney surgery  
☐ None of the above

*Your imaging procedure may require the administration of an X-ray dye/contrast (these are two commonly used names for the same thing) which helps the physician interpret your examination.*

**6. Have you ever had an injection of x-ray dye/contrast?** ☐ Yes ☐ No

**If YES, please answer the following:**

Have you ever had hives following x-ray dye/contrast? ☐ Yes ☐ No

Have you ever had shortness of breath following x-ray dye/contrast? ☐ Yes ☐ No

Have you ever fainted/collapsed following x-ray dye/contrast? ☐ Yes ☐ No

**7. Do you wear a continuous glucose monitor or insulin pump?** ☐ Yes ☐ No

### FEMALE PATIENTS

Is there any possibility that you are pregnant? ☐ Yes ☐ No

Are you breastfeeding? ☐ Yes ☐ No

When was your last menstrual cycle? \_\_\_\_\_

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X-ray dye/contrast is administered by either an injection through a small needle placed into your vein or by mouth, rectum, or body cavity. During the administration of the X-ray dye/contrast you may experience a feeling of warmth, which is normal and expected.

Administration of X-ray dye/contrast is quite safe. However, there is a risk of a reaction. Uncommonly (1 out of 1,000), patients develop sneezing and hives as an adverse reaction to the dye/contrast. Very rarely (1 out of 70,000), death has occurred related to an adverse response to the X-ray dye/contrast.

If you have any questions, please speak to any staff member and they will contact a physician to answer your questions.

I authorize Weill Cornell Imaging at New York-Presbyterian, its physicians and other staff to perform the prescribed examination.

Signature of Patient:  
(Parent or Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Front Desk Staff: \_\_\_\_\_

Signature: \_\_\_\_\_

Technologist: \_\_\_\_\_

Signature: \_\_\_\_\_

Nurse: \_\_\_\_\_

Signature: \_\_\_\_\_