

**PATIENT SCREENING FORM
FOR IODINATED CONTRAST**

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

You have been scheduled for an exam with Radiology that may require administration of contrast material ("x-ray dye") through an intravenous line. To help us ensure your safety, please complete this form as accurately and completely as possible.

TO BE COMPLETED BY PATIENT OR PARENT/GUARDIAN (Please circle yes/no responses)

1. Have you ever had a previous reaction or problem with intravenous contrast ("x-ray dye")? **Yes** **No**

If yes, give details: _____

2. Have you ever had a life-threatening allergic reaction? **Yes** **No**

If yes, give details: _____

3. Are you taking any of the following metformin-containing medications: Glucophage, Glucophage XR, Fortamet, Metaglip, Avandamet, Glucovance, Glumetza, or Riomet? **Yes** **No**

4. Are you 60 years of age or older? **Yes** **No**

5. Do you take medication for diabetes? **Yes** **No**

6. Do you take medication for high blood pressure? **Yes** **No**

7. Do you suffer from kidney disease? **Yes** **No**

8. Do you have one kidney or have you had a kidney transplant? **Yes** **No**

Height: _____ Weight: _____ When did you last eat or drink (except water)? _____

eGFR (To be completed by Radiology staff)

eGFR: _____
(mL/min/1.73m²)

<30**≥30 OR
not needed**

Date: ____ / ____ / ____ *

*eGFR within 6 weeks required for ANY yes answers to questions 4 through 8.

TO BE COMPLETED ONLY FOR WOMEN OF CHILD-BEARING AGE:

9. Is there any possibility that you may be pregnant? **Yes** **No**

10. Are you breast-feeding? **Yes** **No**

INSTRUCTIONS TO RADIOLOGY RN OR RT

YES answers to questions 4-8 and no recent eGFR available:

Proceed with an immediate Cr/eGFR test at the direction of the protocoling physician.

STOP – If there are ANY circles in the STOP column, further consultation with a supervising radiologist is required before administration of contrast. Nursing and technical staff should consult with a supervising radiologist for further instructions. Proceed only when the order for this examination has been reviewed, and is updated by the supervising radiologist.

GO – If ALL the circled responses are in the GO column: PROCEED with contrast administration as per the contingent order. This order is now final, and the electronic signature of the protocoling physician in conjunction with this form attests that the administration of contrast material has been reconciled with the patient's current medication.

Please sign below to confirm that you have received, read, and understood the Frequently Asked Questions about CT Exams. A physician is available to answer any further questions you may have.

Signature of patient/parent/guardian: _____

Signature of RN or Technologist: _____ Date: _____ Time: _____