

## **Radiology Victoria - Patient Questionnaire**

1. Have you ever had a previous reaction or problem with intravenous contrast (x-ray dye)? If yes, could you provide details?

Answer: \_\_\_\_\_

2. Have you ever had a life-threatening allergic reaction? If yes, could you share more details?

Answer: \_\_\_\_\_

3. Are you currently taking any of the following metformin-containing medications: Glucophage, Glucophage XR, Fortamet, Metaglip, Avandamet, Glucovance, Glumetza, or Riomet?

Answer: \_\_\_\_\_

4. Are you 60 years of age or older?

Answer: \_\_\_\_\_

5. Do you take medication for diabetes?

Answer: \_\_\_\_\_

6. Do you take medication for high blood pressure?

Answer: \_\_\_\_\_

7. Do you suffer from kidney disease?

Answer: \_\_\_\_\_

8. Do you have one kidney or have you had a kidney transplant?

Answer: \_\_\_\_\_

9. Could you share your height and weight?

Answer: \_\_\_\_\_

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10. When was the last time you ate or drank anything other than water?

Answer: \_\_\_\_\_

11. For women of childbearing age only: Is there any possibility that you might be pregnant?

Answer: \_\_\_\_\_

12. For women of childbearing age only: Are you currently breastfeeding?

Answer: \_\_\_\_\_