



IODINATED CONTRAST HISTORY

Patient's Name _____ Xray # _____ Date: _____

Examination _____ Medical Record # _____

Age _____ Weight _____ Referring Physician _____

1. Are you allergic to iodine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you allergic to iodinated contrast media (this is the "dye" that is injected into your vein or artery during studies such as IVPs, CT scans and heart catheterizations)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you allergic to rubber, latex, tape or bandages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. If you have diabetes, do you take Glucophage (Metformin)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>**If you are taking Glucophage/Metformin, you will be asked to stop taking this medication for two days after this injection. You need to contact your physician and have blood drawn before resuming your medication.**</i></p> <p>*****IF NO*****</p> <p>What oral medications do you take for diabetes? _____</p> <p>_____</p>		
6. Do you have kidney problems other than kidney stones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a solitary (single) kidney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a kidney transplant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have multiple myeloma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have a collagen vascular disease (rheumatoid arthritis, lupus, scleroderma, polymyositis, or dermatomyositis)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are you pregnant or potentially pregnant at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are you breast feeding an infant at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE SEE OTHER SIDE →

Your doctor has scheduled you for an examination that requires the injection of an iodine containing solution (contrast medium or “x-ray dye”) into your bloodstream. This is very useful in making the x-ray or CT scan pictures.

The contrast media is given through a needle placed into a vein, usually on the inside of your elbow, your forearm, or on the back of your hand. Most patients experience no unusual effects from this injection. A few patients may experience an allergic reaction with itching, hives, swelling of the eyes and lips, sneezing, or difficulty in breathing. Rarely there may be injury to the vein and surrounding tissues at the needle location.

Uncommonly (one case in 10,000), a serious reaction to the contrast medium occurs. It would be impractical to list every possible complication, but they include asthma, shock, kidney failure, and cardiac arrest. We have facilities to treat these reactions; however, despite vigorous emergency treatment, some fatalities do occur (approximately one case in 40,000 to one case in 170,000). These major complications are very unlikely, but can occur. Your doctor is aware of these possible complications but has determined that the diagnostic information provided by the test is much greater than the minimal risk involved.

When the contrast is given for CT scans the contrast may be rapidly injected by use of an automatic injector. There is a slight chance (between one in 100 and one in 1,000) that the contrast might leak from your vein. Usually this is of no significance and rarely causes a permanent injury to the skin.

I understand the risks and give permission for the use of contrast media.

Patient Signature	Date	Guardian Signature
Printed Patient Name		Witness Signature

To Be Completed by Staff

- | | | |
|---|-----|----|
| 1. Patient cannot communicate history, general debility or increased risk of aspiration?... | Yes | No |
| 2. Hemodynamically unstable or acute trauma? | Yes | No |
| 3. Was the medication list verified? | Yes | No |