CT PROCEDURE SCREENING FORM

PATIENT NAME: ______________________________ EHR: ______________________

EXAM DATE: ________________ EXAM: ______________________ DX CODE: ______________

DOB: ____________________ WEIGHT: __________

REFERRING DR.: ____________________________ PRIMARY DR.: ______________________

Please list any symptoms you are having directly related to the exam being performed today: ______________________

____

Please list any allergies: ____

Patient History Review	No	Yes	Specify	Surgical History	No	Yes
Allergy to IV, X-Ray, Contrast or Dye				Cholecystectomy (Gallbladder)		
Reaction?				Appendectomy (Appendix)		
Asthma / Hayfever / Hives				Colon Resection		
Allergies to Meds				Hysterectomy (Uterus)		
Diabetes				Brain Surgery		
Heart Disease				Lung Surgery		
Lung Disease				Nephrectomy (Kidney)		
Kidney Disease				Mastectomy (Breast)		
High Blood Pressure				Prostate Surgery		
Multiple Myeloma				Are you pregnant? Date of LMP		
Swollen Ankles				Other Surgeries / Symptoms		
Sickle Cell Disease				If "Yes" describe in detail:		
Stroke						
Seizures						
Abdominal Aortic Aneursym						

Are you between the ages of 55 – 77? ❑ Yes ❑ No

Do you use tobacco? ❑ Yes ❑ No Quit/When: __________

If a tobacco user or former user did you smoke 30 or greater packs per year? ❑ Yes ❑ No

Have you had any signs or symptoms of lung cancer? ❑ Yes ❑ No

History of Cancer? ❑ Yes ❑ No Type: ______________________________

Have you had any other diagnostic procedures/testing for today's symptoms? ❑ Yes ❑ No

Previous CT Exam : ❑ Yes ❑ No When: ___________ Where: ____________

Previous Plain Films: ❑ Yes ❑ No When: ___________ Where: ____________

FOR OFFICE USE ONLY BELOW THIS LINE

TEACHING DATA:

Type of procedure: ____

Procedure and pre and post preparation explained to:

❑ Patient ❑ Father ❑ Mother ❑ Guardian ❑ Other ________________ Tech Signature ______________________

Verbalizes understanding of procedure and post procedure instructions: ❑ YES ❑ NO

Protocul used (slice thickness, spacing, delays) ______________________________

Technologist Signature ____