



FREDERICK RADIOLOGY

Diagnostic Center

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CAT SCAN/IV CONTRAST QUESTIONNAIRE

PT# _____

Name: _____ Age: _____ Date of Birth: _____

1. Why did your doctor order this scan? _____

2. Please describe any pain/discomfort you have: _____

3. Have you ever had a CT before? _____ yes _____ no

If yes, what type, when and where? _____

4. Have you ever received IV contrast (dye) before? _____ yes _____ no

MEDICAL HISTORY

1. Do you have any allergies to food, medicine? _____ yes _____ no

2. Are you diabetic? _____ yes _____ no

If yes, do you take: ___ GLUCOPHAGE ___ GLUCOVANCE ___ AVADAMET ___ METAGLIP ___ METFORMIN ___
ACTOPLUS-MET ___ JANUMET ___ GLUCOPHAGE

IMPORTANT: These medications must not be taken 48 hours after your scan.

3. Have you ever been diagnosed with cancer: _____ yes _____ no

If yes, what type and when? _____

Radiation therapy: _____ yes _____ no / when? _____

Chemotherapy: _____ yes _____ no / when? _____

4. Have you ever had a major surgery? _____ yes _____ no

If yes, what type and when? _____

5. Do you have a history of kidney disease , renal failure , renal disease , renal insufficiency, or do
you have only one kidney? _____ yes _____ no

6. Do you have sickle cell disease? _____ yes _____ no

