



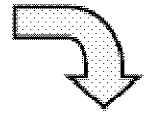
**RADIOLOGY
CONTRAST RISK ASSESSMENT**

Revision Date: 06/11/2009

| |
|---|
| Exam Date: _____ |
| Status: _____ |
| DOB: _____ Age: _____ |
| Name: _____ |
| Ref Phys: _____ |
| Att Phys: _____ |
| Prim Care Phys: _____ |
| Register/Admit Date: _____ |
| (Place Pre-Printed Patient Data Label Here) |



This form must be filled out and any "YES" responses must be reviewed by the Technologist and or Radiologist prior to performing any Radiology Procedure during the administration of contrast material.



- Are you allergic to Iodine, Gadolinium or have you had an allergic reaction to contrast media or any medication in the past? (If unsure please ask Technologist).....YES NO
If YES, please describe: _____
- Do you have any kind of impaired kidney function or kidney insufficiency?.....YES NO
If YES, please describe: _____
- Are you diabetic?..... YES NO
If YES, are you taking medication?.....YES NO
- Female patients – Are you pregnant?.....YES NO
If YES, which trimester? 1st 2nd 3rd If NO, then date of LMP _____
- Female patients – Are you currently breast feeding?.....YES NO

LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING:

Signature: _____ Date: _____

Ⓢ Ⓢ Ⓢ Ⓢ Ⓢ Ⓢ **STOP – STAFF USE ONLY** Ⓢ Ⓢ Ⓢ Ⓢ Ⓢ Ⓢ

Patient mode of entry: Ambulatory WC Cart Patient on Oxygen: YES NO

DATE OF MOST RECENT LAB RESULTS: _____ BUN: _____ CREAT: _____

CONTRAST ADMINISTERED: ISOVUE MULTIHANCE  _____ Lot #: _____

ORAL CONTRAST: Taken: YES NO If Allergic pre-medicate for Allergy with: _____

In-patient: Times to give: 1. _____ 2. _____ 3. _____ Out-patient: Scan C bottles taken: 1 2

Gastrografin: Time Given: _____ Amount: 15ml 30ml 45ml

Catheter gauge: _____ IV Site: _____

IV Start Time: _____ IV D/C Time: _____

Catheter Intact: YES NO Initials: _____ Post Contrast Diabetic info given by: Initials) _____

TODAY'S DATE: _____ TECHNOLOGIST (Signature): _____

RADIOLOGIST REVIEWED: _____

Barriers to understanding..... YES NO If there were any barriers to understanding this document what action was taken (e.g., interpreter used, etc.): _____



NAME:

DOB: