



CT QUESTIONNAIRE

NAME: _____ DATE: _____

ACCT#: _____ DOB: _____

Please fill out entirely as it will aid in our interpretation of the examination.

Why are you having a CT scan today? _____

Medical History (including any tumor or cancer): _____

Previous surgeries (operations): _____

Circle One

Have you had anything to eat today? YES NO

Have you had a CT scan before? YES NO

If yes, did you receive IV contrast? YES NO

Did you have a bad reaction (hives, shortness of breath)
to the IV contrast? YES NO

Have you had an examination before this examination
(i.e.; sonogram, MRI, IVP, etc)? YES NO

Are you diabetic? YES NO

If yes, do you take glucophage/metformin? YES NO

Are you pregnant? YES NO

SIGNATURE: _____

For UDMI Technical Staff use

ClinicalNotes _____