CT scan or MRI question form
(Note: Use the mammography form for breast exams.)

Patient name: ___________________________ Age: ____________ Date of birth: __/__/____

Sex: Male / Female / Transgender

Patient ID: ___________________________ Date of service: __/__/____

Referring doctor: ___________________________ Referring doctor phone: ___________________________

1. What problem brings you here today? __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Please describe any surgeries you’ve had: ______________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Have you ever had cancer? [ ] Yes [ ] No If yes, what type? ______________________________________
   List any treatments you’ve had (such as radiation, chemotherapy, etc.): __________________________
   __________________________________________________________

4. Have you ever have a CT or Cat Scan? [ ] Yes [ ] No
   If so, of what body part? ________________________________________________________________

5. Have you ever been given IV contrast or X-ray dye before? [ ] Yes [ ] No
   If yes, did you have any problems? [ ] Yes [ ] No
   If yes, please explain? ________________________________________________________________

6. Do you have any allergies? [ ] Yes [ ] No
   If yes, what are you allergic to and what’s the reaction (bad effect)? __________________________

7. Do you have asthma? [ ] Yes [ ] No

8. Do you have diabetes? [ ] Yes [ ] No
   If yes, do you take medicine for your diabetes? [ ] Yes [ ] No
   If yes, what kind? [ ] Metformin (Glucophage®) [ ] Glyburide-metformin (Glucovance®)

9. Do you have kidney or heart problems? [ ] Yes [ ] No
   If yes, please explain: ________________________________________________________________

10. Are you breast feeding? [ ] Yes [ ] No