HOUSTON Methodist SUGAR LAND HOSPITAL

16655 Southwest Freeway
Sugar Land, Texas 77479

IMAGING CONTRAST QUESTIONNAIRE

Houston Methodist Sugar Land Imaging Services recognize your expectation to have your tests done efficiently and with safety as a priority. To help us with this process, we ask that you complete this questionnaire. It will be reviewed by your technologist. Your assistance is greatly appreciated.

NAME: _____ DOB: _____

What test are you having done today?

Why are you having this test done?

Are you allergic to any medications? Yes No
If yes, what medications?

Have you ever had IV contrast before? Yes No
Are you allergic to iodine contrast? Yes No
If yes, what type of reaction did you have?

Are you pregnant? Yes No N/A
Are you breastfeeding? Yes No N/A

Last menstrual period? _____

Do you personally have a medical history of:

Cardiac Disease	Yes	No	Asthma	Yes	No
Kidney Disease	Yes	No	Sickle Cell Disease	Yes	No
Bleeding Problems	Yes	No	Seizures	Yes	No
Diabetes	Yes	No	Pheochromocytoma (rare kidney disease)	Yes	No
High Blood Pressure	Yes	No			
Liver Disease	Yes	No			
Liver Transplant	Yes	No			

Blood work done within past 30 days? Yes No
If yes, where?
_____

Height _____ Weight: _____

Patient Signature _____

Patient Sticker

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Reviewer (Nurse/EMT) Signature _____ Date _____ Time _____

Technologist Signature _____ Date _____ Time _____