Jupiter Medical Center
Jupiter, FL. 33458

CT AND X-RAY RISK ASSESSMENT SHEET

Patient: _____ Date: _____

Reason for your exam _____ Exam Type: _____

Your physician has requested performance of an x-ray examination that requires the use of intravenous contrast (dye) administration. While contrast administration is generally safe, all medications are associated with the risk of adverse reactions and some persons are at a higher risk for those adverse reactions. The following questions are designed to identify patients who ***may*** be at higher risk for such reactions. Please answer the questions carefully to help us identify if you may be a patient at risk.

Part 1

			Specify
1) Have you had a previous reaction to IV contrast?	NO	YES	_____
2) Do you have diabetes?	NO	YES	_____
3) Do you have asthma?	NO	YES	_____
4) Do you have renal disease or renal failure?	NO	YES	_____
5) Do you have only one functioning kidney?	NO	YES	_____
6) Do you have multiple myeloma?	NO	YES	_____
7) Do you have sickle cell disease?	NO	YES	_____
8) Do you have polycythemia?	NO	YES	_____
9) Do you have pheochromocytoma?	NO	YES	_____
10) Are you aware of any reason that you should not receive IV contrast?	NO	YES	_____

Part 2:

Your examination may also call for administration of oral or rectal contrast. Adverse reactions to this type of contrast are even more remote, there are some factors that ***may*** place you at higher risk for such adverse reactions. Please answer the following questions carefully to help us determine if you may be at risk.

1) Have you had previous reaction from oral or rectal contrast?	NO	YES	_____
2) Do you have Latex allergies?	NO	YES	_____
3) Is there any reason that you should not receive oral or rectal contrast?	NO	YES	_____

Part 3,

1) Do you take Glucophage, Glucovance, Metaglip, Avandamet, or Metformin for diabetes	NO	YES	_____

Patient Signature: _____

(OFFICAL USE ONLY)

Physician consulted: NO YES Physician Name: _____

OK to proceed: NO YES Contrast Type : _____ Amount: _____ cc

Time: _____ Injection site _____

Technologists's Signature: _____

Comments/Reactons/Actions Taken

_____

_____

_____

Signature: _____