



Patient Label



PCSASSESS

Imaging Services CT Patient Assessment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Exam/Procedure to be performed: \_\_\_\_\_

What problems do you have that caused your doctor to order this test? \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

Surgical History: \_\_\_\_\_

Please list all allergies except hay fever: \_\_\_\_\_

Have you had intravenous contrast before:  Yes  No

Have you had a previous reaction to iodine:  Yes  No

Have you been diagnosed with Cancer?  Yes  No

If yes please explain: \_\_\_\_\_

Have you ever had chemotherapy?  Yes  No, If Yes when: \_\_\_\_\_

Have you ever had Radiation Therapy?  Yes  No, If Yes when: \_\_\_\_\_

Do you have, or have had in the past, any of the following conditions:

Asthma  Yes  No Multiple Myeloma  Yes  No

Emphysema  Yes  No Sickle Cell Anemia  Yes  No

Hypertension  Yes  No Heart Problems  Yes  No

Diabetes  Yes  No

Do you take *Glucophage* Or *Glucovance*:  Yes  No

Do you take a blood thinner:  Yes  No If yes name: \_\_\_\_\_

Do you have abnormal kidney function or have you ever had kidney surgery?  Yes  No

Is there a possibility of pregnancy?  Yes  No Last Menstrual Period? \_\_\_\_\_

To the best of my knowledge, the above information is true and correct:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Cat Scan Department use only:

IV Inserted: \_\_\_\_\_ 16,18,20,22 Gauge Angiocath, *Initials*: \_\_\_\_\_

Where:  Right Hand  Left hand  Right Antecub  Left Antecub  Other: \_\_\_\_\_

IV Access Discontinued and by Whom: *Initials*: \_\_\_\_\_

Site Condition:  Clear  Redness  Swelling  Hematoma

*Contrast achieved desired effect*: \_\_\_\_\_ Time: \_\_\_\_\_ Desired Effect:  Yes  No

Contrast Route/Vol: \_\_\_\_\_ *Initials*: \_\_\_\_\_

Post Discharge instructions given to:  Patient  Person Accompanying

Discharge Route:  Ambulatory  Wheelchair  Stretcher

Discharged to:  Home, Other: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ *Initials*: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ *Initials*: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ *Initials*: \_\_\_\_\_