

# CT and X-Ray Contrast Consent Form



Today you are scheduled to have an exam that may require you to have an injection of contrast material. Here at InHealth Imaging we use a nonionic IV contrast for most studies. This non-ionic contrast has been proven to have less risk of adverse reactions than the ionic contrast previously used. Some common reactions which may occur are nausea, vomiting, change in blood pressure, skin rash. Other more severe reactions may occur but they are less common.

We are asking the following questions to determine your risk for having a reaction:

Have you had a previous injection of X-Ray or CT dye?	Yes	No
If yes, have you had any problems after getting the dye?	Yes	No
Any known heart conditions?	Yes	No
Any known kidney disease?	Yes	No
Are you diabetic or have sickle cell anemia?	Yes	No
If yes, is it controlled through diet and exercise or insulin		
Glucophage Metformin Glucovance Advandament Other:		
Do you have a history of asthma?	Yes	No
Do you have any history of allergies?	Yes	No
If yes, please list:		
Do you have any known history of multiple myeloma?	Yes	No
Are you under the age of 2 or over the age of 65?	Yes	No
<b>For Females</b>		
Is there any chance of pregnancy?	Yes	No
Are you breastfeeding presently?	Yes	No

I have read the above information and am aware of the possibility of having a reaction from the contrast administered. I have asked any questions that may concern me and am giving my consent for the injection of intravenous contrast.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Technologist Use:  
 For patients 65 or older BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Date of labs: \_\_\_\_\_

Contrast: \_\_\_\_\_ Amount: \_\_\_\_\_ Flow Rate: \_\_\_\_\_ Delay: \_\_\_\_\_

Any reactions or complications: Yes No If yes what occurred: \_\_\_\_\_

\_\_\_\_\_

Technologist that administered: \_\_\_\_\_ Date: \_\_\_\_\_