Premier MRI CT

Appt Date_____ **Appt Time**_____

CT Scan Pre-Screening/History Form

Name	Date of Birth	Age	Account # (Office Use Only)
CT Exam			*With IV contrast? YES NO
Ordering Dr.	Height	Weight	*Must have recent blood test results for BUN and Creatinine if I.V. contrast is ordered.

Do you have a history of any of the following conditions? Please check Yes or No.

Condition	No	Yes	If your answer is YES:	Condition	No	Yes
Prior allergic reaction to CT, X-ray, angiography or heart catheterization contrast or "dye" (any 'itching', 'redness')			I.V. contrast cannot be injected without pre-medicated under your doctor's direction.	Cancer		
				If yes, list type:		
Allergy to any food or medication			List all allergies	Date of last chemo: _____		
Multiple myeloma			IV contrast cannot be injected.	Date of last radiation: _____		
Kidney disease (not stones), impaired kidney function or dialysis						
Thyroid disease				Prior surgery in the area being scanned		
Sickle cell condition			I.V. contrast cannot be injected if in "crisis"	If yes, please list surgeries and dates:		
Diabetes			List your diabetic medications:			
Asthma or COPD						
Any Blood Disorder (including HIV and hepatitis)						

FEMALE PATIENTS: Is there any possibility that you are pregnant?		If you are unsure, a pregnancy test must be ordered by your physician and the results sent to us before we can do your exam.	If you are pregnant, we must have written clearance from your ob/gyn and from our radiologist before we can do your exam.	First date of your last menstrual period:
YES	NO	**~Nursing mothers should discard breast milk for 24 hours after injection of I.V. contrast~**		

REASON FOR SCAN/ PT HISTORY (OFFICE USE ONLY)

~If you had prior CT's or MRI's of the same area done elsewhere, please bring a CD of the most recent exam to your appointment~

Date _____Patient Signature _____/Signature of patient's representative_____
(Relationship: __ Parent (minor under 18 years) __Court appointed Guardian)

Technician Review & Signature_____

Fax to Premier MRI/CT: 800-792-6950