

X-Ray History Form

Patient History Form for: (check one)

- Arthrogram Cystogram IVP Port Check Dye Study

To be completed by the patient:

If this exam is related to an injury, how did it occur? _____

If this exam is related to pain, where is the pain located? _____

List any surgeries related to your area of pain _____

What is your current weight? _____ lbs

YES NO

 Do you have a history of cancer? What type: _____

 Did you have Chemotherapy Radiation If Yes, specify date of last treatment: _____

For female patients only:

 Are you pregnant or possibly pregnant? If Yes, how many weeks? _____

For patients receiving IV contrast:

 1. Do you have multiple myeloma, adrenal tumor (pheochromocytoma), myasthenia gravis (gMG), or auto immune disease?

 2. Do you have sickle cell anemia or are you in sickle cell crisis?

 3. Are you diabetic?

 3b. If Yes to #3, do you take Metformin, Glumetza, Fortamet, Riomet, Glucophage or Glucophage XR?

 4. Are you on dialysis?

 5. Do you have renal impairment?

 6. Do you have one kidney or had a kidney transplant?

 7. Are you allergic to Iodine, or Imaging contrast? If yes, date occurred? _____

If Yes to #7, describe the reaction that occurred? _____

 7b. If Yes to #7, were you pre-medicated prior to the exam?

Patient/Authorized Person Signature Printed Name Title (Self, Spouse, Nurse, etc..) Date / Time

Qualified Staff / Interpreter Signature (Check) Phone OR Video Print Qualified Staff / Interpreter Name ID Number Language Interpreted

For staff use, for patients having IVP's

Yes No Has the patient received IV contrast within the last 24 hours? If Yes, contact radiologist.

GFR: _____ **Creatinine:** _____ **Date/Time of labs:** _____

- Inpatient/ED - All patients age 18 and over; Labs (GFR) within 7 days.
- Outpatient - All patients age 60 and older; Labs (GFR) within 45 days.
- If answer "Yes" to question(s) #1-6. GFR required.
 - If GFR **greater than 46**, give contrast & follow appropriate GFR pathway below. If GFR **45 or less**, contact radiologist.
- If answer "Yes" to question #7 & 7b. Refer to Premedication Protocol.

GFR, Glomerular Filtration Rate, is an estimate of kidney function.

Pathway A: 46 - 60 GFR. Pre & Post procedure hydrations are recommended. No need to contact radiologist.

Pathway B: 30 - 45 GFR. Pre & Post procedure hydrations are required. Contact radiologist.

Pathway C: 0 - 29 GFR. Contact radiologist.

Technologist Authentication

OPID

Date

Time

Patient Label or

Patient Name _____ Female Male

DOB _____ MRN _____