

PATIENT
 NAME: _____

MRN: _____

DOB: _____

Patient Safety Questionnaire

CT

1. Have you ever had renal/kidney problems or kidney surgery?
2. Do you have or are you being treated for high blood pressure, diabetes, or gout?
3. Are you age 60 or over?
4. Have you ever had a prior reaction to the injection of CT or X-ray IV contrast dye?
 If YES, please describe _____
If Multisystem patient will need premedication
5. Are you pregnant? (for female patients between 8 and 56 years)

Yes	No
Yes	No
Yes	No
Yes	No

For YES answer to question 1, 2, or 3, patient will need an eGFR within 45 days of the scheduled exam.

Most recent eGFR on file: _____ Date of eGFR: _____

CT safety questions completed by: _____ Date: _____