



PATIENT NAME: _____

MRN: _____

Date of Birth: _____

Radiology CT Safety Questionnaire

1. Have you ever been told you have renal/kidney problems?	Yes	No
2. Have you ever been told you have protein in your urine?	Yes	No
3. Do you have high blood pressure?	Yes	No
4. Do you have diabetes mellitus?	Yes	No
5. Do you have gout?	Yes	No
6. Have you ever had kidney surgery?	Yes	No
7. Are you pregnant? (For female patients between 8 and 56 years)	Yes	No
8. Have you ever had a prior reaction to the injection of CT or X-ray IV contrast dye? If YES, please describe _____	Yes	No

For any YES answer to questions 1 through 6 the patient will need an eGFR within 30 days of the scheduled exam.

Most recent eGFR on file: _____ Date of eGFR: _____ If no eGFR one will be ordered: _____

If the patient has had a prior reaction to the injection of IV contrast dye:

For mild reactions please prescribe 3 predniSONE (Deltasone) 50 mg tablets to be taken: one tablet by mouth at least 13 hours, 7 hours and 1 hour prior to scheduled exam.

For severe/anaphylactoid (laryngeal edema, hypotension, bronchospasm, respiratory distress) use of IV contrast is contraindicated. Please order a non-contrast study or another imaging exam.

CT safety questions completed by: _____ Date: _____