CONSENT: CT PATIENT HISTORY AND USE OF IV CONTRAST MATERIAL

What problem(s) are you experiencing that made you see your doctor?

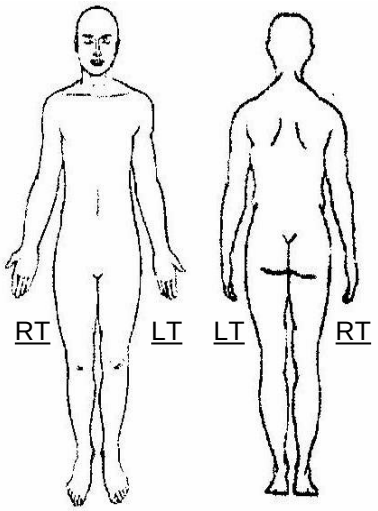
Have you ever had any surgery in the body area where you are currently having problems? If yes, type of surgery:

Do you have a personal history of cancer in any part of your body? If yes, **what** part of your body and **when** was the diagnosis made?

Have you had any other imaging studies for the same body part we are scanning? If yes, what type of study and where was it performed?

Additional physicians to receive reports?

Please use this diagram to mark where you are having symptoms:



Your care provider has ordered an x-ray or CT scan with IV contrast. This involves an injection of a contrast that contains iodine.

BENEFITS: IV contrast makes blood vessels and body organs more visible. This allows for a more thorough evaluation.

RISKS: Injection of this contrast may cause side effects or complications. The risk of these is low, and most side effects are mild. More common side effects are warm sensations and nausea. Other less frequent complications are: hives, itching, sneezing, vomiting, and extravasations. More serious side effects, which occur much less often, can include bronchospasm, chest pain, and kidney failure. There is a very small risk of anaphylaxis or death.

ALTERNATIVES: Perform the procedure without IV contrast. This may limit the amount of information gained from this study. Your care provider may decide other tests could be used to obtain the needed information. If you have an allergy to contrast that contains iodine, your care provider may be able to prescribe medication to reduce your risk of complications.

Yes	No	Answer the following questions if you'll be receiving IV contrast :
☐	☐	Have you previously had IV iodine contrast?
☐	☐	If yes, did you have an allergic reaction? Describe:
☐	☐	Do you have a history of allergies? If yes, list:
☐	☐	Do you have a history of asthma or hay fever?
☐	☐	Do you have a history of cardiovascular disease or high blood pressure?
☐	☐	Do you have any of the following: multiple myeloma, lupus, schleroderma, or rheumatoid arthritis?
☐	☐	Do you have a history of long term use of NSAIDs (i.e. ibuprofen, naprosyn)?
☐	☐	Do you have a history of kidney problems?
☐	☐	Are you taking any medications that could be toxic to your kidneys?
☐	☐	Do you have a history of diabetes?
☐	☐	If yes, are you currently taking Metformin (Glucophage or Glucovance)?

I understand the risks, benefits, and alternatives associated with the use of this contrast material for the exam my care provider has ordered. I consent to the use of IV contrast material, and authorize Central Peninsula Hospital to provide any medical intervention which may be required due to complications related to this procedure.

Signature of Patient or Patient's Legal Representative — Date / Time

I refuse contrast injection — **Date / Time**

Signature of Technologist — Date / Time

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eGFR Required? ☐ Yes ☐ No Results:

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Patient Label