

DDA HEALTH TEXAS

PATIENT HISTORY for IV CONTRAST MEDIA

Patient Name: _____ DOB _____

1. Please indicate if you have any of the following :

- History of "kidney disease" as an adult or family history of kidney problems
- Any previous kidney, ureter or bladder surgery
If yes, please describe _____
- Diabetes
- Paraproteinemia syndromes or diseases (e.g. Multiple Myeloma)
- Collagen vascular disease (e.g. Lupus)
- Recent contrast study (e.g. within the last 7 days) _____
- Recent surgeries? If yes, please list: _____
- Sickle Cell Disease

Certain Medications:

- Metformin or metformin-containing drug combinations (Metformin, Avandament, Glucophage, Glucophage XR, Glucovance)
- Regular use of nephrotoxic antibiotics, such as aminoglycosides, or non-steroidal anti-inflammatory drugs (e.g. Advil, Motrin, Aleve, etc)

**If you checked any of the boxes above, please inform your technologist now. You may require special instructions and further blood test(s) to assess your kidney function prior to receiving IV contrast media.*

2. Have you ever had an allergic reaction to contrast agents containing GADOLINIUM, FERIDEX or IODINE? YES NO

If "YES", please describe*: _____
***If "YES", based on your reply, you may require pre-medication prior to receiving IV Contrast, no IV contrast, or alternative imaging.**

3. Do you have a history of the following medical conditions:

- Asthma (if you have active asthma, bronchospasm, or bronchitis requiring treatment, please inform your technologist now).
- Cardiac Disease (angina, congestive heart failure, aortic stenosis, primary pulmonary hypertension, severe but well compensated cardiomyopathy)
- Hemochromatosis (iron overload disorder)
- History of allergic (anaphylactic) reaction to one or more allergens
- Allergies to any medications, medical tape, latex etc. _____