

## CT Contrast Questionnaire.

*Affix Label Here*

*For your safety, please answer these questions truthfully. If unsure, leave blank and discuss with the Radiographer.*

Have you had a CT scan before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an iodine-based contrast injection before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have an allergic reaction? (i.e. - itching, rash, breathing problems) <i>If yes please describe:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies to food or medicine? <i>If yes, please list:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking any Medications? <i>If yes, please list:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you carry an EpiPen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take Metformin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have asthma or eczema?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any kidney disease or on dialysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any thyroid disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take Interleukin-2 or have you taken it in the past 6 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any operations or cancer? <i>If yes, please list:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any change you might be Pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your weight	kg

### **Patient declaration**

I confirm that have read and understood the above information and have answered the questions truthfully. I was given the opportunity to ask questions concerning the exam which have been answered to my satisfaction.

Patient signature: .....

Date:

...../...../.....

### **OFFICE USE ONLY**

Protocol Used: .....

Radiologist signature: .....

I.V. Site & Gauge: .....  
.....mLs

Injection Rate: .....ml/sec & Volume:

Injection Time: .....

Time Cannula Removed: .....



## **INFORMATION REGARDING CONTRAST CT SCAN.**

Your doctor has requested a scan that may involve the use of an iodine-based contrast agent. This contrast is routinely used in medical imaging to enhance the clarity of the images, improving the visibility of certain structures and aiding in more accurate diagnosis.

In some cases, particularly in individuals with reduced kidney function, the use of contrast can pose a risk of further kidney impairment. To ensure your safety, a blood test may be required prior to your scan to assess your kidney function. During the procedure, cannula will be inserted into a vein, usually in your arm, to allow the contrast agent to be administered. This is only done with your consent. When the contrast is injected, you may experience a metallic taste in the mouth, a warm or flushed sensation, or a feeling of heat in the pelvic area. These effects are common and typically short-lived.

While the injection is considered safe for most people, side effects can occasionally occur.

Mild reactions may include nausea, dizziness, headache, tingling in the limbs, or minor allergic symptoms such as skin redness or itching (hives).

Rarely, more serious allergic reactions may develop, including facial swelling, difficulty breathing, or low blood pressure, which require immediate medical attention. In extremely rare cases, these reactions can be life-threatening.

As a precaution, you may be asked to remain in the department for up to 30 minutes after your scan to monitor for any delayed allergic response. If you have any known allergies, previous reactions to contrast agents, or concerns about the procedure, please inform the medical staff before your scan.

### **Radiation Dose:**

United Radiology is committed to providing you with the highest quality scans at the lowest possible dose (adhering to the ALARA principle).

Our CT equipment is fitted with Tin Filter Technology allowing us to perform your scans at drastically reduced doses

Should you have any questions or concerns regarding your CT scan, please do not hesitate to speak with the radiographer. Our team is committed to providing clear information and support throughout your visit.

For more information, please visit <http://www.healthdirect.gov.au/ct-scan>.