Lowcounty Urology Clinics, PA / CT Questionnaire / Patient History

Last Name: ______________________ First Name: ______________________

SS# ______________________ DOB ____/_____/_____ Age: ______ Gender: _______

Study Performed: ____

Number of Images ________ Patient's Home Phone Number: ______________ Patient ID #__________

Technical: With IV Contrast Only / Without IV Contrast / Without followed by with IV Contrast
With Oral Contrast Only / Without Oral Contrast / PE Protocol / Kidney Stone Protocol

Ordering MD: ______________________ CC: ______________________

Reason for test: ____

When did symptoms begin? ____

Surgical History: ____

Asthma: Yes No
Heart Disease Yes No
HTN: Yes No
Cancer: Yes No
Type: ____________
Chemotherapy Yes No
Radiation Yes No

Pheochromocytoma Yes No
Diabetes: Yes No
Glucophage, Metformin, Advandamet or Glucovance Yes No
Kidney Disease: Yes No
BUN______Creatine ______ Draw Date ____________
Instructions given for Glucophage and IV Contrast? Yes No
Sickle Cell Anemia Yes No

***Pertinent Comparison Exams:** ____

Allergies: NKA or ____

***Previous CT Scan** Yes No If yes, where ______________________________

***Previous PET Scan** Yes No If yes, where ______________________________

***Note: If previous exams noted, are the reports being faxed? Yes No**
Are previous films/or CD being sent to compare? Yes No

Ever had IV Contrast Yes No If yes, did you have a reaction, if so, describe:______________

Contrast used for this exam: Omnipaque 300/ _____cc's /Placed 20g/22g/24b INT / Today's Date ________

LR/RT antecubital ________hand _______wrist ________other Technologist: ______________

Complications: None Yes and Describe: ______________________________

<u>**STAT CALL Report**</u>: Yes No / Physician's Contact Number ______________________

<u>**FOR FEMALE PATIENTS:**</u> Is there any possibility that you may be pregnant? Yes No

Date of last menstrual period? ______________ Have you had a hysterectomy? Yes No

Patient's Signature: ______________________________ Date: __________