Lowcountry Urology Clinics, PA / CT Consent and Patient History

Name: ____

DOB: ______________ **Age:** _____ **Gender:** ______

Please describe the symptoms or medical problem you are having that caused your doctor to order this CT Scan:

____

____

How long has this been present?______________

1. **Circle any prior surgeries: Pacemaker, CABG, Kidney R or L, Gallbladder, Hernia, Appendix, Hysterectomy, Tubal Ligation, Prostate**
2. **Other Surgeries:** ____
   ____
3. **Do you have a history of cancer?** _________ **If yes, what type?** ______________
   Chemotherapy? ________ **Radiation?** __________
4. **Ever had IV Contrast:** ______ **Did you have a reaction, if so, describe:** ______________
5. **Medication allergies:** ____
6. **Do you have renal disease or impaired renal function?** ______________
7. **Are you now or have you been on Kidney/renal dialysis?** ________ **How long?**___________
8. **Do you take medication for blood pressure / hypertension?** ______________
9. **Are you diabetic?** __________ **Do you take Metformin?** ______________
10. **FEMALE PATIENTS: Pregnant?** ______ **Date of last menstrual period?** ______________

- **I attest that the information given concerning my health history is correct to the best of my knowledge. I understand the contents of this form and I have had the opportunity to ask questions regarding the information concerning my procedure that I am about to undergo, including the administration of a contrast material with its associated risks.**
- **I hereby give consent to Lowcountry Urology Clinics, P.A., to obtain any prior related medical reports, films, etc. that would be used to read the scan that I am having today.**
- **I hereby give my consent to release my medical information/records to another physician and or medical facility for the treatment of my care.**

Patient's Signature: ______________________________ **Date:** ______________

Signature / relationship of the person completing this form for the patient:

______________________________/______________ **Date:** ______________

MD______________________ Exam______________________ Omni300__________ccs

IV gauge/site______________________ Pt ID#______________