Via MEDICA
CENTRE • MÉDICAL • CENTER
SERVICE D'IMAGERIE • IMAGING SERVICES

3943 boul. St-Jean, Dollard-des-Ormeaux, Québec, H9G 1X2
Tél. 514-626-5888 • www.viamedica.ca • Fax 514-626-1228

Contrast Injection Screening Questionnaire

Patient Name: _____ **ID#:** _____

State of Patient:

Fasting: (min. 3hrs) ☐ Yes ☐ No

Pregnant: ☐ Yes ☐ No

Allergies:

Medication: ☐ Yes ☐ No

If yes, which medication: _____

Food/Seafood: ☐ Yes ☐ No

Other allergies: ☐ Yes ☐ No

Hayfever/Hives: ☐ Yes ☐ No

Previous reaction to dye: ☐ Yes ☐ No With which test: _____

Medical history:

Diabetes: ☐ Yes ☐ No If yes, are you taking oral medication? ☐ Yes ☐ No

Renal failure: ☐ Yes ☐ No

Creatinine level: _____umol/l date: _____

eGFR or GFR: _____mL/min date: _____

Cardiac problems: ☐ Yes ☐ No Pulmonary problems: ☐ Yes ☐ No

High Blood pressure: ☐ Yes ☐ No Myeloma: ☐ Yes ☐ No

Urologic surgery: ☐ Yes ☐ No

Medication list:

_____

_____

Your doctor has ordered a CT- scan that involves intravenous injection of contrast media. The purpose of this injection is to allow us to see organs and vessels in your body in greater detail.

After the injection, you may experience any or all of the following:

1. A taste in your mouth
2. A warm sensation in your arm, throat and pelvic region for a few minutes

You may feel nothing at all

As with any injection of any substance, there is a risk of an allergic reaction to this contrast. Reactions can range from mild to very severe. The incidence of a severe allergic reaction is very small (0.02%). We have treatment available in the examination area should a reaction occur. I reviewed this questionnaire with the technologist and confirm that the answers are correct.

Patient Signature: _____ **Date:** _____

Technologist Signature: _____ **Date:** _____

Français au verso / French on reverse