



# IMAGING

# CT

## Pre-Imaging Screening Form

Division Cleveland Clinic e-Radiology

Please print and use blue or black ink to complete this form. Bring the completed form to your Imaging appointment.

Date of Exam: \_\_\_\_\_

Have you previously had a CT scan performed?

Patient's full name: \_\_\_\_\_

Yes No Unsure (please circle)

Please Print

Patient date of birth: \_\_\_\_\_

Date and Body part:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Facility: \_\_\_\_\_

Allergy to iodine/x-ray dye Yes No

First day of last menstrual period \_\_\_\_\_

Multiple Myeloma Yes No

Is there any chance of pregnancy? Yes No

Sickle Cell Disease Yes No

Did you ever have a hysterectomy? Yes No

60 years of age or older? Yes No

(circle one) Partial Complete

Congestive Heart Failure? Yes No

Diabetes Yes No

Smoker Yes No

\* If yes, are you taking oral medication? Yes No

How Much \_\_\_\_\_ How Long \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Yes No

High Blood Pressure and taking medications Yes No

List of Prior Surgeries and approximate dates:

Asthma Yes No

Any implanted medical devices? Yes No

(Stimulators, Insulin pumps, Glucose Monitors, etc) \*\*\*\* If yes, please bring the remote or extra device (if needed) to your appointment\*\*\*

### Females: Possibility of Pregnancy

OSS Health has requested CT imaging on this date for further diagnostic purposes. My signature certifies that to the best of my knowledge, I am not pregnant. I am aware that exposure to radiation may be harmful to an unborn child and that it is very important to inform staff if there is any possibility of pregnancy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Last Menstrual Date: \_\_\_\_\_

### Females: No Chance of Pregnancy

OSS Health has requested CT imaging for further diagnostic purposes. I confirm that I have had either a surgical procedure (tubal ligation, hysterectomy, vaginal ablation) or genetically cannot become pregnant and there is no possibility of pregnancy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the answers to the clinical screening questions above. They are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature