

PATIENT SCREENING FOR RADIOGRAPHIC CONTRAST AGENTS

(See Privacy Act Statement on Reverse Side.)

PATIENT NAME _____

DOD ID NUMBER _____

DATE OF BIRTH _____

SEX

Male Female

1. What is your height and weight? Height _____ Weight _____
2. Have you ever had an x-ray contrast injection for a previous CT scan, kidney x-ray or other x-ray? Yes No Don't Know
 If YES, was it within the last 24 hours? Yes No Don't Know
 If YES, did you have a bad reaction to it? Yes No Don't Know
 If YES, what kind of reaction did you have? (Check all that apply)
 Nausea or Vomiting Trouble Breathing Swelling (where) _____
 Hives Drop In Blood Pressure or Shock Other (describe) _____
3. Do you have asthma or hay fever? Yes No Don't Know
 If YES, do you take medication for asthma? Yes No Don't Know
4. Are you allergic to anything (medicine or food)? Yes No Don't Know
 If YES, what are you allergic to? _____
 What happens when you have an allergic reaction? _____
 Are you taking any medications for allergies? Yes No Don't Know
5. Were you given a steroid medication for this test? Yes No Don't Know
6. Do you have any of the following illnesses? (Check all that apply)
 Diabetes High Blood Pressure Kidney Insufficiency or Failure
7. Have you had any kind of kidney surgery? Yes No Don't Know
8. Are you scheduled for a nuclear medicine scan or thyroid scan? Yes No Don't Know
9. Are you scheduled to receive radioactive iodine treatment for any thyroid condition? Yes No Don't Know
10. Are you pregnant or possibly pregnant? Yes No Don't Know
11. Are you taking any of the following medications? (Check all that apply)
- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Avandamet | <input type="checkbox"/> Metformin/Rosiglitazone | <input type="checkbox"/> Metformin/Repaglinde | <input type="checkbox"/> Metformin/Glyburide |
| <input type="checkbox"/> Fortamet | <input type="checkbox"/> Metformin/Glipizide | <input type="checkbox"/> Janumet | <input type="checkbox"/> Metaglip |
| <input type="checkbox"/> Glucophage | <input type="checkbox"/> Riomet | <input type="checkbox"/> Prandimet | <input type="checkbox"/> Metformin/Pioglitazone |
| <input type="checkbox"/> Metformin | <input type="checkbox"/> ActoPlus Met | <input type="checkbox"/> Glumetza | <input type="checkbox"/> Metformin/Sitagliptin |
| <input type="checkbox"/> Glucovance | | | |
12. Do you take any herbal, over-the-counter or prescription medications not dispensed by the MAMC Pharmacy? If YES, please list them below (continue on reverse if necessary). Yes No Don't Know

To the best of my knowledge, the information above is correct. I have received specific instructions regarding any necessary changes to my regular medications.

Patient or Guardian

Date

Patient teaching was completed and the patient verbalizes understanding.

Radiology Technologist

Date

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Medical information will be used to ensure a successful radiographic scan and there is no hazard to your health.

ROUTINE USES: Information may be disclosed to:

- (1) The Department of Veterans Affairs to adjudicate veterans' claims and provide medical care to Army members.
- (2) National Research Council, National Academy of Sciences, National Institutes of Health, Armed Forces Institute of Pathology, and similar institutions for authorized health research in the interest of the Federal Government and the public. When not essential for longitudinal studies, patient identification data shall be eliminated from records used for research studies. Facilities/activities releasing such records shall maintain a list of all such research organizations and an accounting disclosure of records released thereto.
- (3) To local and state government and agencies for compliance with local laws and regulations governing control of communicable diseases, preventive medicine and safety, child abuse, and other public health and welfare programs.
- (4) Third party payers per 10 U.S.C. 1085 as amended by Pub. L. 99-272, and guidance provided to the DoD health services by DoD Instruction 6015.23, for the purpose of collecting reasonable inpatient/outpatient hospital care costs incurred on behalf of retirees or dependents.
- (5) To former DoD health care providers, who have been identified as being the subjects of potential reports to the National Practitioner Data Bank as a result of a payment having been made on their behalf by the U.S. Government in response to a malpractice claim or litigation, for purposes of providing the provider an opportunity, consistent with the requirements of DoD Instruction 6025.15 and Army Regulation 40-68, to provide any pertinent information and to comment on expert opinions, relating to the claim for which payment has been made.
- (6) The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

DISCLOSURE: Providing the information is voluntary; however, if you do not provide the information requested, the scan may be delayed to research your medical record to ensure there will be no interference with the scan and/or hazards to your health.

DATE	TIME REACTION STARTED	CONTRAST GIVEN				IV SITE	
TECHNOLOGIST			NURSE			DOCTOR IN CHARGE	
VITAL SIGNS						MEDICATIONS	
TIME	BP	PULSE	RR	Spo2	O2		TIME

NOTES
