



CT CONTRAST CONSENT & SCREENING FORM

Fax this form and any screening/consent forms to 441-232-0042 or scan and email to: imaging@hmc.bm

Physical Address: 10/12 Burnaby Street, City of Hamilton HM11 Bermuda

Phone: 441-400-8378 - www.hmc.bm

Patient Name _____ DOB (DD/MM/YYYY) _____ Date _____

Your doctor has requested a scan which may require you to receive an injection of X-ray contrast. Contrast media is a clear iodine-containing fluid which enhances blood vessels, organs, and other soft tissue structures during imaging exams. The contrast is injected into a blood vessel. Most patients experience a warming sensation in the body and/or a metallic taste in the mouth. If you have any questions, please speak with the technologist performing the examination.

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS BEFORE HAVING YOUR TEST. YES = SIM NO = NÃO

YES NO Have you had an injection of X-ray contrast before? *Você já recebeu uma injeção de contraste de raio-X antes?*

YES NO Have you had an allergic reaction to X-ray contrast? *Você já teve uma reação alérgica ao contraste de raios-X antes?*

YES NO If yes, did you take an allergy medication before that test? *Se sim, você tomou algum medicamento para alergia antes deste exame ou contraste do raio?*

Please list any allergies at all that you might have

Liste quaisquer alergias que você tenha _____

DO YOU HAVE (VOCÊ TEM) :

YES NO Heart Disease *Doença cardíaca?*

YES NO Kidney Disease/Failure *Você tem Doença / Insuficiência Renal?*

YES NO Asthma *Asma?*

YES NO Are you Diabetic *Você é diabético?*

YES NO If yes, are you taking Metformin (Glucophage, Metaglip etc.)? *Se sim, você está tomando Metformina (Glucophage, Metaglip etc.)?*

YES NO Will you be receiving radioactive iodine treatment in the next 4 to 6 weeks? *Você receberá tratamento com iodo radioativo nas próximas 4 a 6 semanas?*

YES NO Is there any possibility that you are pregnant? *Existe alguma possibilidade de você estar grávida?*

YES NO Are you currently breast feeding? *Você está amamentando atualmente?*

SIGNATURE OF PATIENT