

CT NON-CONTRAST QUESTIONNAIRE/CONSENT

You have been referred for a non-contrast CT examination.
 To ensure your safety and to assist in your diagnosis, please complete the following questions.
 If you have any further questions our doctor can discuss this with you.

Please complete the questionnaire by placing an "X" in the appropriate box, adding details where necessary and signing your consent to have the injection/examination.

Are you pregnant or breast feeding?	YES	Not Applicable	NO
Have you ever been diagnosed with cancer? If YES, please describe origin:		YES	NO
Have you had any operations? If "YES" please list.		YES	NO

Please describe your current symptoms (Why your Doctor has referred you for this examination)

I have read and understood the risks involved. I have been given the opportunity to ask questions. I consent to this examination.

Patient Name: _____ Signature: _____
 The procedure has been explained

Radiographer: _____ Signature: _____

Radiologist: _____ Signature: _____

Please present this completed form at the time of your appointment.