

## CONTRAST QUESTIONNAIRE/CONSENT

You have been referred for an examination that may involve an injection of contrast media (x-ray dye). During injection it is normal to feel a hot flush and metallic taste, both of which pass quickly. It is also possible that you could react to contrast media, however this is rare. Reactions can range from mild (such as a slight rash) to more severe (such as asthma) and in extremely rare cases, failure of circulation. 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 had a reaction to contrast media (X-Ray Dye)? If "YES" please list reaction:		YES	NO
Do you have any Allergies?		YES	NO
Do you have any Asthma?		YES	NO
Do you have an Infectious Condition? If "YES" please list condition:		YES	NO
Are you being treated for Diabetes with any of the following medications: Diaform, Diabex, Glucophage, Glucohexal, or Novomet? If "YES" please list medications:		YES	NO
Have you been diagnosed with Renal Impairment (Abnormal Kidney Function)?		YES	NO
Have you ever been diagnosed with Cancer?		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 in the administration of contrast media. I have been given the opportunity to ask questions. I consent to this examination and the injection of contrast media for this examination if required.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

The procedure has been explained and a Timeout has been performed

Radiographer: \_\_\_\_\_ Signature: \_\_\_\_\_

Radiologist: \_\_\_\_\_ Signature: \_\_\_\_\_

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