Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)		

Intravenous Injection of Iodinated Contrast Screening

Important - Form is used for regular and downtime use.
Bold and italicized fields contain critical data elements that **must be reconciled** for downtime.

☐ Check if patient is unable to be screened, then obtain information from the referring physician.

Patient Questionnaire (✓)			
Weight _____ lb / _____ kg			***Height*** _____ cm / _____ inches
Questions	**Yes**	**No**	**Further Information**
Is there a possibility you could be pregnant?			Start date last menstrual cycle *(dd-Mon-yyyy)* _____ ☐ Hysterectomy ☐ Menopause
Do you have any allergies?			If yes, list and describe:
Have you had a previous X-ray contrast injection *(e.g. CT, Angiogram or Venogram, Intravenous Pyelogram - IVP)*			If yes, What: Where: When:
Have you ever had an allergic reaction to X-ray contrast?			If yes, explain:
Do you have:			
Transplanted Organ *(i.e. kidney/heart)*			
Asthma			If yes, are you taking pills or using a puffer? ☐ Yes ☐No
COPD			
Hay fever, hives or eczema			
Heart Disease			
Hypertension *(high blood pressure)*			
Congestive Heart Disease			
Cardiovascular Disease			
Peripheral Vascular Disease			
Diabetes			If yes, are you taking Metformin *(Glucophage/Glumetza)*? ☐ Yes ☐No
Kidney disease, kidney failure or solitary (1) kidney			If yes, are you on dialysis? ☐ Yes ☐No
Blood Disease *(Multiple Myeloma or Macroglobulinemia)*			
Have you had chemotherapy or radiation therapy?			If yes, what area of the body?
Are you on any ***medications***? If yes, list:			

Patient's Surgical History *(List ALL previous surgeries in detail: include what was removed, pathology, results, etc.)*	**Date of Surgery** *(dd-Mon-yyyy)*

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Imaging Examination/Procedure _____

Contrast Injection Information

Your doctor has referred you for the imaging examination/ procedure above that requires you to have an injection of x-ray contrast. This contrast will show up on the images and allows the radiologist to see blood vessels, organs and disease processes. The physician who has referred you for this examination/procedure may have discussed possible alternatives with you.

As with all medical procedures, this test carries some risks of which you should be informed. Your doctor is aware of these risks and feels that the information obtained from the test outweighs the risks.

For this test, contrast will be injected into a vein, usually in the arm. During the injection, you may feel some mild side effects, these usually pass quickly but may last a few minutes. These include a warm or hot sensation; a strange taste in your mouth, nausea (feeling sick) and, rarely vomiting. These are NOT allergic reactions.

Allergic reactions are occasional and most are minor skin rashes (hives or itching), which usually disappear quickly. Sometimes medication will help clear these. Very rarely, severe allergic reactions may occur; these reactions can cause swelling of the mouth or throat, which may result in difficulty breathing. In rare occasions shock, heart failure or kidney failure may occur. These reactions are usually treated successfully. Permanent complications or even death are extremely rare.

When contrast is injected during the procedure, it may occasionally leak from the vein and very rarely may cause skin damage. Late reactions can occur up to 2 days after injection, but very rarely. These include headaches and skin reactions. Other less serious complications can occur. If you experience any problems, you should consult your physician.

Department Use Only

Metformin *(Glucophage/Glumetza)* *(may be required to stop 48 hours post)*					Information Sheets Given ☐ Yes ☐No
Document Creatinine/GFR if required by CIN policy ►		Creatinine	GFR		Date *(dd-Mon-yyyy)*
Date *(dd-Mon-yyyy)*	Time *(hh:mm)*	IV Gauge	IV Site	IV Solution	Signature
Type of Contrast	Volume/Rate		Lot #	Injection Time	Signature