



Iodinated Contrast Media Questionnaire

Your doctor has scheduled you for an x-ray or CT examination that requires an injection of a contrast medium into your blood stream. An x-ray or CT shows what is inside your body and the contrast medium helps the radiologist see more detail of your anatomy. More detail aids the radiologist in the interpretation of your examination.

The contrast medium is a compound containing the element iodine; the specific name of the contrast used at Santa Fe Imaging is Ultravist. Only a few ounces of the medium are injected.

The contrast media is normally injected through a small flexible catheter or needle placed in to the vein on the inside of your elbow or back of your hand. Contrast media is considered safe although a small risk of injury to a nerve or blood vessel, infection at the injection site, or possible reaction to the contrast exist.

Minor reactions include nausea, sneezing, dizziness or mild hives (2.5%).

Moderate reactions involve vomiting, more severe hives, swelling, headache, hypertension and/or shortness of breath (1.2%).

Very rarely, **severe allergic reactions** occur (less than .01%). The physicians and staff of Santa Fe Imaging are trained to treat any of the above reactions. In very rare instances, even with immediate appropriate care, death may result. The risk of death is 1 out of 130,000 patients. This risk of severe consequences is less than that from penicillin administration.

Please answer all of the following:

- Have you ever had a reaction to any contrast medium given for an x-ray or CT? YES NO

If yes, when did it happen and what symptoms did you have? _____

- Are you diabetic? YES NO

- Do you take any Metformin compounds such as Glucophage? YES NO

If you do, the technologist will provide you with important information regarding this.

- Do you have Sickle Cell Disease hemoglobinopathy, multiple myeloma, polycythemia or Pheochromocytoma? YES NO

If yes, please explain: _____

- Are you pregnant or breast feeding? YES NO

- Do you asthma or severe allergies? YES NO

- Do you have either Cardiac (heart) or Renal (kidney) disease? YES NO

If yes, please explain: _____

- Do you have Lupus or any other collagen-vascular (auto-immune) disease? YES NO

If yes, please explain: _____

Signature: _____ Date: _____