MAIN STREET RADIOLOGY
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Western Queens Office
72-06 Northern Blvd.
Jackson Heights, NY 11372
Tel: (718) 907-2383
Fax: (718) 907-2384

DATE: _____ **Name:** _____

Address: _____

Weight: _____

Telephone Number: Home: ( ) _____ **Work:** ( ) _____

Do you have any allergies to food, if so list?_____

If yes, please describe reactions: _____

Do you have any allergies to medication, if so list?_____

If yes, please also list reaction: _____

Please list the medications taken regularly: _____

Please check if you have any of the following:

	Y	N		Y	N		Y	N
Asthma	☐	☐	**Heart Disease**	☐	☐	**Hay Fever**	☐	☐
Sickle Cell	☐	☐	**Diabetes**	☐	☐	**Kidney Disease**	☐	☐

If you are on dialysis, what was the date of your last dialysis:_____

Are you pregnant? **Yes**____ **No**____

Have you had a previous CT scan? **Yes**____ **No**____

If yes where: _____ **For what reason:**_____

What problems are you having now? _____

For how long: _____ **Which side? Left**____ **Right**____

Why are you having this CT scan? _____

Have you had any surgery on the area to be scanned? Yes____ **No**____

List any surgical procedures and approximate dates: _____

Have you ever had chemotherapy or radiation therapy? Yes____ **No**____

If so, when and where? _____

SIGNED_____**DATE**_____

Updated 9/26/16

Name: _____ Date: _____

Your imaging procedure requires the administration of x-ray dye/contrast (these are 2 commonly used names for the same thing). This injection will help the physician to interpret the exam.

Have you ever had the injection of x-ray dye/contrast? Yes____ No____

If yes, have you ever had, as a result of the injection of contrast any of the following:

Hives	**Yes____**	**No____**
Shortness of breath	**Yes____**	**No____**
Fainting or collapse	**Yes____**	**No____**

X-ray dye/contrast is administered by injection through a small needle placed in your vein. During the administration of the x-ray dye/contrast you may experience a feeling of warmth which is normal and expected.

Normally, the administration of x-ray dye/contrast is quite safe; however, there is a slight risk of an allergic reaction.

- **Some patients (1 out of 1,000) develop sneezing and/or hives.**
- **In rare cases (1 out of 100,000) a patient death has occurred due to an allergic reaction to the x-ray dye/contrast.**
- **The physicians and staff at Main Street Radiology are trained to respond to any situation that may develop.**

I have read and understand the above information and agree to have the CT scan and the injection of dye/contrast.

***Signature _____Relationship to Patient_____**
Date_____

***NOTE: If the patient is under eighteen (18) years old, the authorization of the parent or guardian must be obtained, unless the patient is married or the parent of a child.**
IF YOU HAVE ANY FURTHER QUESTIONS PLEASE SPEAK TO THE RADIOLOGIST.

Updated 06/06/2017