



**BROCKVILLE  
GENERAL**

PATIENT IDENTIFICATION

Y N Comments

Radiologist: \_\_\_\_\_ Procedure: \_\_\_\_\_

Date/Time: \_\_\_\_\_ M  F

Arrival: Ambulatory  Wheelchair  Stretcher

Please answer questions below; if 'yes', radiologist/physician must be aware.

Y N Comments

Y N Comments

Possible Pregnancy?				COPD/Asthma?			
Are you breast feeding?				Renal/liver disease?			
Allergies? (Latex, drugs, food, etc.)				Cerebrovascular disease/seizures?			
Recent barium studies?				Heart disease?			
Previous contrast?				Hypertension?			
Contrast Reaction?				Diabetes?			
NPO status maintained?				Creatinine?			
Any Surgeries?				Previous history of Cancer?			

Current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent for procedure is obtained:

(patient signature)

Contrast Lot #: \_\_\_\_\_ Gauge: \_\_\_\_\_ Flushed with 10cc's normal saline? Yes  No

Venipuncture site: Left antecubital  Right antecubital  other: \_\_\_\_\_

Comments: \_\_\_\_\_

Patient's post discharge instructions given? Yes  No  Technologist Initial: \_\_\_\_\_

Patient's pre/post teaching performed and is understood:

(patient signature)