Brockville
General Hospital

PATIENT IDENTIFICATION

DIAGNOSTIC IMAGING CONSENT FORM

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)