

Brain CT / MR History Sheet

Name: _____ Date: _____

1. Do you have a return appointment with your doctor? Yes No
If yes, when? _____
2. What problems do you have that caused your doctor to order your scan?

<input type="checkbox"/> Headache	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Seizures	<input type="checkbox"/> Trouble swallowing
<input type="checkbox"/> Passed out	<input type="checkbox"/> Stroke
<input type="checkbox"/> Head trauma	<input type="checkbox"/> Brain tumor
<input type="checkbox"/> Double vision	<input type="checkbox"/> Hoarseness
<input type="checkbox"/> Other _____	
3. How long have you had these symptoms? _____
4. Do you have decreased vision in either eye? Yes No
If yes, which eye? Right Left
5. Do you have facial pain, numbness or tingling? Yes No
If yes, where?
 Rt. Forehead Rt. Cheek Rt. Jaw Lt. Forehead Lt. Cheek Lt. Jaw
6. Do you have pain or difficulty opening your mouth or chewing? Yes No
If yes, which side? Right Left
7. Does either side of your face droop? Yes No
If yes, which side? Right Left
8. Do you have decreased hearing in either ear? Yes No
If yes, which side? Right Left
9. Have you ever had cancer? Yes No
If yes, where in your body was the cancer? _____
When? _____
10. Have you ever had brain surgery or radiation therapy? Yes No
If yes, what was done? _____
If yes, when? _____
11. Have you ever had a previous CT or MR scan of the brain? Yes No
If yes, when? _____
If yes, where was it done? _____
12. If there is any information that you think will help the radiologist interpret your scan, please write it below.

Contrast Consent

A contrast agent has been developed to produce better pictures of your body that is being examined. This contrast agent will be injected into your vein. In a small percentage of cases headaches or nausea are noted up to 24 hours following contrast administration. In a smaller percentage of cases, there may be more severe complications. These problems are usually recognized promptly and treated without difficulty. If there is any history of anemia, sickle cell anemia, or kidney disorder, these should be described to the technologist and radiologist.

Female Patients: If you are pregnant or breast feeding, please notify the technologist.

I consent and authorize _____ to perform a contrast injection for a CT scan on me.

Signed: _____ Date: ____/____/____