



BAILEY MEDICAL CENTER
OWASSO, OKLAHOMA 74055

IMAGING DEPARTMENT
PATIENT HISTORY FORM
200288 (06/09)

Patient Name: _____ Date of Birth: _____

Have you ever had other procedures at Bailey? Yes No If Yes for what? _____

What exam(s) are you having done today? _____

Have you ever had this exam before? Yes No Weight _____ Height _____

What symptoms are you experiencing that prompted your doctor to order this exam? _____

_____ For how long _____

Past surgeries? _____

Have you ever had CT, X-ray or MRI dye before? Yes No What type of exam? _____

Are you allergic to CT or X-ray dye, Iodine or MRI contrast? Yes No Pre-Medicated

If yes, please explain your reaction _____

Have you ever had cancer? Yes No If yes, what type? _____

Multiple Myeloma? Yes No Congestive Heart Failure? Yes No

What medications do you take? _____

Medication allergies? _____

Are you pregnant? Yes No _____ 1st day of last period Hysterectomy Waiver Signed

Kidney failure? Yes No Kidney Problems? _____

Do you have diabetes? Yes No Type 1 Type 2 Diet Controlled _____

Do you take oral Metformin, Glucophage, Glucovance, Metaglio, Avandamet Other _____ (Circle)

Patient Signature: _____ Date: _____

HOSPITAL USE ONLY

Reason for exam _____

Renal Profile: Date of lab _____ Creatinine _____ BUN _____ eGFR _____ (OK if > 60)

**Patient and/or nursing staff notified verbally and in written form to withhold diabetes medication for

48 hours after IV contrast administration. Yes No N/A

IV Contrast used: Isovue 370 Visipaque 320 Magnevist Amount _____ ml Time Given _____

Oral Contrast used: Barium Isovue 370 Hypaque Amount _____ ml Time Given _____

IV start: Size _____ Location _____ Time _____ By _____ Attempt # _____

IV Dc'd Yes No By _____

Staff Comments: _____

Time patient scanned _____ Stat Requested at _____ Staff Name _____

