



# London Health Sciences Centre

Radiology Department

## PATIENT QUESTIONNAIRE: X-RAY CONTRAST INJECTION

### PATIENT INFORMATION: (Plate)

Name: \_\_\_\_\_

PIN#: \_\_\_\_\_

DOB: \_\_\_\_\_

HC#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your doctor has ordered an examination which will involve an injection through an arm vein of x-ray contrast dye. The purpose of this injection is to allow us to see organs and vessels in your body in greater detail.

### When we perform this injection, you may experience any or all of the following:

1. A cool feeling in your arm, near the injection site.
2. A warm sensation traveling from the back of your throat through your abdomen and into your groin.
3. A metallic taste in your mouth.

As with any injection of any other substance, there is a risk of an allergic reaction to this x-ray contrast dye injection. Reactions can range from mild (eg.nausea) to severe. The chance of a severe allergic reaction is very small. We have treatment available in the examination room should a reaction occur. If you experience pain at the injection site, immediately notify the technologist.

1. Do you have any allergies?  Yes  No  
 Are you allergic to artificial sweeteners/aspartame?  Yes  No  
 If yes, please list allergies: \_\_\_\_\_
2. Have you had an injection of x-ray contrast dye before (eg. IVP, angiogram, heart catheterization, CT, etc)?  Yes  No  
 If yes, did you have any problems with the contrast injection?  Yes  No  
 If yes, please tell the Technologist.
3. Do you have asthma?  Yes  No
4. Has your Doctor ever told you that you have kidney problems, or kidney removed?  Yes  No  
 If yes, what is the problem? \_\_\_\_\_
5. Do you have high blood pressure?  Yes  No
6. Are you on any medications for diabetes?  Yes  No  
 If yes, do you take medication called Metformin, Glucophage, Actos, Avandamet or Janumet?  Yes  No
7. Are you on any medications that include Metformin?  Yes  No
8. Have you had chemotherapy within the last 48 hours?  Yes  No
9. Is there any chance you could be pregnant?  Yes  No
10. Are you currently breastfeeding?  Yes  No
11. Do you have a glucose sensor or insulin pump?  Yes  No

We recommend that you drink plenty of fluids after the examination and x-ray contrast dye injection, to help flush the x-ray contrast dye from your system

Date: \_\_\_\_\_ (YYYY/MM/DD) \_\_\_\_\_ SIGNATURE OF PATIENT / PATIENT'S SUBSTITUTE DECISION MAKER (SDM)

PRINTED NAME OF NURSE/PHYSICIAN IF PATIENT/SDM UNABLE TO COMPLETE

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