

DIAGNOSTIC CT PATIENT SCHEDULING QUESTIONNAIRE



If the answer is YES to any of the questions, please notify UCLA RADIOLOGY prior to scheduling your CT

ALL CT PATIENTS:

- Do you weigh more than 440lbs?
- Are you able to lift yourself onto a bed without help, or do you need assistance?
- FEMALE: Is there a possibility you may be pregnant? If Yes, pregnancy gestational week?

CT PATIENTS WITH & W/WO CONTRAST STUDIES ONLY:

- Did the ordering provider waive labs for this study?
- Do you have lab value for Creatinine/GFR within 6 weeks of the study? (See Waiver* below)
- Are you allergic to iodine, or had complication with injected contrast, or have severe multiple allergies? If so, what was the reaction?
 - Did you receive medication specific to iodine allergy 24 hours prior to exam?
- Are you currently on dialysis? If Yes, is it for acute or chronic kidney failure?
- Do you have a central venous catheter /PICC/Port/Tunneled CVC/Non-Tunneled CVC available for contrast?
- Have you ever been diagnosed with asthma or use an inhaler?
- Have you ever been diagnosed with diabetes?*
- Are you taking METFORMIN containing medications? If Yes, list medications. *
- Have you had kidney surgery or any kidney disease, or any family history of kidney failure? *
- Have you had, or are you being evaluated for, solid organ transplant? (Liver, Kidney, heart) *
- Have you ever been diagnosed with high blood pressure or heart failure? *
- Do you take daily pain or anti-inflammatory drugs? (except Baby Aspirin) *
- Have you had chemotherapy within the past month? *
- Have you ever been diagnosed with Myeloma, Lupus, Scleroderma, Gout, Sickle-cell disease, Hyperthyroidism, or Myasthenia Gravis? *

CT CARDIAC & CTA CORONARY STUDIES ONLY:

- Have you ever used beta-blockers? If yes, please comment on adverse reactions in the comments field
- Are you, regardless of male or female, taking any medications typically used to increase blood flow, for erectile dysfunction syndrome or for pulmonary hypertension such as Cialis, Viagra, Tadalafil, Adcirca?

* Lab value for Creatinine/GFR is required within 6 weeks of the study unless the ordering provider has waived labs or the patient qualifies for the Waive Labs for CT Protocol: 1. Under 60 years old 2. Not diabetic 3. Not on METFORMIN 4. No history of kidney disease 5. No solid organ transplant 6. No history of heart disease 7. Not taking pain/anti-inflammatory daily 8. No chemo within last month 9. Not diagnosed with Myeloma, Lupus, Scleroderma, Gout, Sickle-cell disease, Hyperthyroidism, or Myasthenia Gravis.

DIAGNOSTIC MRI PATIENT SCHEDULING QUESTIONNAIRE



If the answer is YES to any of the questions, please notify UCLA RADIOLOGY prior to scheduling your MR

ALL MR PATIENTS:

- FEMALE: Is there a possibility you may be pregnant? If Yes, pregnancy gestational week?
- FEMALE: Do you have a breast expander, pessary, IUD, copper IUD or diaphragm?
 - If Yes for IUD or diaphragm, what is the make and model?
- Do you weigh over 250lbs?
- Are you able to lift yourself onto a bed without help, or do you need assistance?
- Is this your first MRI? Have you had any complications or issues with claustrophobia during a MR scan in the past?
 - Is any type of sedative required?
- Do you have any metal shavings, shrapnel or bullets?
- Do you have any removable teeth or braces?
- Do you have an internal/external drug pump or implanted stimulator?
- Have you had any major surgery, such as brain, heart, abdomen, head, bone, joint, or spine surgery?
 - Was this surgery done at a non-UCLA facility?
- BRAIN: Do you have an intra-cranial aneurysm clips, shunts, or coils?
- HEART/CARDIAC: Do you have pacemakers, pacing wires, DBS, VNS wires, implant defibrillator, ICD, coils, filters or stents?
- ABDOMEN: Do you have any coil, filters, stents or shunts?
- HEAD/NECK: Do you have an eye implant, eye spring, or cochlear (ear) implants?
- BONE: Do you have post-surgical rods, pins, screws, plates, wires, staples, surgical clips, prosthesis or artificial limb?
- JOINT: Do you have a joint replacement? (Hip, Shoulder, Knee, etc.)
- SPINE: Do you have any rods or metal clamps?
- ***Do you have any other implants or metals in your body?***

MR PATIENTS WITH & W/WO CONTRAST STUDIES ONLY:

- Did the ordering provider waive labs for this study?
- Are you allergic to gadolinium or had complication with injected contrast? If so, what was the reaction?
- Are you 75 years old or older, or have a history of diabetes, high blood pressure (hypertension), congestive heart failure (CHF), kidney or liver disease, transplant or removal?
 - If Yes, Creatinine/GFR lab value is required within 6 weeks of the study.
 - If Yes for KIDNEY, are you currently on dialysis for kidney failure?

MR BREAST PATIENTS ONLY:

- When was your last menstrual cycle?
 - MR Breast must be scheduled between days 7 to 14 of the menstrual cycle (day one is the day that your period arrives). If the reason for study is NEWLY DIAGNOSED BREAST CA, please schedule as soon as possible (do not wait for LMP cycle). N/A if menopausal.