**FHHS RADIOLOGY REQUEST FORM**

Patients are free to choose their own Imaging provider

**Clinical Details (include any relevant surgery and imaging/pathology results)**

**ESSENTIAL FOR PROCEDURES WITH CONTRAST**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;65 years</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Renal Impairment / Dialysis</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Diabetic</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Taking Metformin</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Nephrotoxic Medication</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Recent Iodinated Contrast</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Asthmatic</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Myeloma</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>Heart failure / Shock</td>
<td>□ Yes □ No</td>
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If Yes to any of the above:

- **Creatinine:** …… **Date:** ……..
- **Weight:** ……
- **eGFR:** ……..

**Allergies**

- Has the patient had a previous reaction to contrast? □ Yes □ No
  - **Details:** ……..

- Does the patient have any allergies? □ Yes □ No
  - **Details:** ……..

**IV Access**

- **IV Cannula In-Situ:** □ Yes □ No
- **Site:** ……..

**Anticoagulation Therapy**

- Is the patient on anticoagulants or antiplatelet agents? □ Yes □ No
  - **INR:** ……..
  - **APPT:** …….. **Date:** ……..
Information for Administration of Contrast Medium

<table>
<thead>
<tr>
<th>UMRN:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
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<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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</tbody>
</table>

The investigation you have been referred for may require an injection of x-ray contrast medium. This contrast medium improves the detection of abnormalities in the body and without its use, significant abnormalities may remain undetected.

During injection most patients report a transient feeling of warmth or a metallic taste in the mouth.

However, as with all drugs, side effects and adverse reactions are possible. Minor reactions usually consist of itching and facial swelling. More severe reactions can result in shortness of breath and low blood pressure. It is very rare for reactions to be life threatening, less than 1 in 100,000.

In this Radiology Department, we use the latest contrast media where side effects and adverse reactions are kept to a minimum and our staff are trained to deal with any side effects.

More serious adverse reactions are usually related to an allergy to contrast media.

**To reduce the risk of contrast reactions, please answer the following questions:**

- Have you had an **allergic** reaction to x-ray contrast media?  
  - YES / NO

- Are you allergic to Iodine?  
  - YES / NO

- Are you allergic to other drugs, bee stings, have eczema or asthma?  
  - YES / NO

- Do you have poor kidney function?  
  - YES / NO

- Are you breastfeeding?  
  - YES / NO

- Are you on **any** Diabetic medications?  
  - YES / NO

If you have any concerns, please raise them with a staff member prior to your study.

**Patient Acceptance**

I have read and understood the above information. I give my permission to have an x-ray contrast injection as part of my examination.

Patient Name: _________________________________ Date: ____________

Patient Signature: _______________________________

Or legal guardian

**Medical Officer** authorises contrast injection, the patient is unable to sign / has had a previous allergic reaction.

Medical Officer Name: ___________________________ Signature: ___________________________

If the following have been in attendance:

- Interpreter’s Name: ___________________________ Signature: ___________________________
- Chaperone’s Name: ___________________________ Signature: ___________________________