



## IV Contrast History and Screening Form

Date: \_\_\_/\_\_\_/\_\_\_ Procedure: IVP (Intravenous Pyelography)  
Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Could you be pregnant? \_\_\_ Yes \_\_\_ No \_\_\_ N/A Last menstrual period: \_\_\_/\_\_\_/\_\_\_  
Referring Physician: \_\_\_\_\_  
When is your follow up appointment scheduled? \_\_\_\_\_  
Why are you here for this exam today: \_\_\_\_\_

Have you had a previous exam related to this problem? \_\_\_ Yes \_\_\_ No  
If yes, explain: \_\_\_\_\_  
List previous surgeries: \_\_\_\_\_  
List current medications: \_\_\_\_\_

CREAT: \_\_\_\_\_ BUN: \_\_\_\_\_ DRAWN : \_\_\_/\_\_\_/\_\_\_

### Contrast History:

Any personal history of:

1. \_\_\_ YES \_\_\_ NO Allergies to drugs  
List \_\_\_\_\_
2. \_\_\_ YES \_\_\_ NO Have you ever had a previous allergic reaction to x-ray  
contrast (dye)? If yes. Explain: \_\_\_\_\_
3. \_\_\_ YES \_\_\_ NO Diabetes
4. \_\_\_ YES \_\_\_ NO Are you taking Glucophage (Metformin)
5. \_\_\_ YES \_\_\_ NO Hypertension ( High Blood Pressure )
6. \_\_\_ YES \_\_\_ NO Kidney Disease Describe \_\_\_\_\_
7. \_\_\_ YES \_\_\_ NO Bladder Disease

### Contrast Reaction:

Allergic reactions to contrast (dye) can occur; severe reactions, including fatal or life-threatening reactions are rare, however. We utilize non-ionic contrast, which is the safest available contrast material.

I certify that I understand the risks and alternatives involved in this procedure, that I have been given an opportunity to have my questions answered and that I elect to proceed with the examination.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_