



ALPHA ADVANCED CT, LLC

PATIENT HISTORY FORM

Is the patient allergic to IV contrast, used in some x-ray studies? _____

Is the patient diabetic? _____

If the patient is diabetic are the following medication taken. Metformin, Glucophage, Glucovance, Metaglip, and Avandamet, ActoplusMet, Fortamet. If these are taken need suspended the day of scan and 2 days after exam. _____

Does the patient have high blood pressure? _____

Does the patient have any kidney problems? (renal insufficiency, renal Failure, nephrectomy, kidney stones) _____

Any history of Sickle Cell Disease or Trait and or Multiple Myeloma? _____

Has the patient had any blood work done in the last 6 months? _____
The date and what facility _____

What are your symptoms and when did they start? _____

Did you ever have surgery on the area being scanned? _____

If yes what type and when did the surgery occur. _____

Any history of cancer? _____

If yes, what type and if any therapy (chemo, radiation etc.) and date it was given. _____

Any history of smoking? _____ How long? _____ When did you quit? _____

Have you ever had a CT, US, or MRI of the area being scanned? _____

If yes, where and when. _____

If female and of child bearing age and chance of pregnancy? _____

Patient name _____

Patient signature _____ Date _____