

# **TWIN PEAKS MEDICAL IMAGING**

1551 Professional Lane - Longmont, CO 80501 720-494-4777 Fax: 720-494-4771

## **TPMI Contrast/Exam for CT**

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

Please answer the following questions:

Describe your chief complaint/reason you saw your physician. Include any pain, symptoms, type/date of injury. \_\_\_\_\_  
\_\_\_\_\_

What is your weight? \_\_\_\_\_

Is there any chance you could be pregnant? \_\_\_\_\_

Date of your menstrual cycle? \_\_\_\_\_

Are you a diabetic? \_\_\_\_\_

List drugs and/or medications you are currently taking  
\_\_\_\_\_  
\_\_\_\_\_

Have you had previous CAT scans, IVP's or other exams requiring contrast (dye):  
\_\_\_\_\_

Do you have a history of cancer? \_\_\_\_\_

List all past surgeries: \_\_\_\_\_

List all allergies: \_\_\_\_\_  
\_\_\_\_\_

Have you had any barium x-rays within the last two weeks? \_\_\_\_\_