

CT HISTORY

**LUBBOCK DIAGNOSTIC RADIOLOGY, L.L.P.
COVENANT DIAGNOSTIC IMAGING
LUBBOCK RADIOLOGY, L.P.
NEUROSURGICAL ASSOCIATES, L.L.P.
LUBBOCK IMAGING MANAGEMENT SERVICES, LTD**

DATE _____

PATIENT NAME _____ REFERRING PHYSICIAN _____

DATE OF BIRTH _____ AGE _____

PRIOR MALIGNANCY? IF YES, WHAT TYPE?

PREVIOUS SURGERIES? IF YES, WHAT TYPE? _____

PREVIOUS CT, MRI, PET X-RAYS, U.S., OTHER? _____

WHERE? _____

WHEN? _____

ALLERGIES? _____

DATE OF LAST MENSTRUAL PERIOD (FEMALE PATIENTS) _____

ASTHMA / HAYFEVER / OTHER RESPIRATORY DISEASE? _____

CARDIOVASCULAR DISEASE? _____ HYPERTENSION? _____

RENAL INSUFFICIENCY? _____

DIABETIC? IF YES, LIST MEDICATIONS _____

HAVE YOU TAKEN GLUCOPHAGE (METFORMIN HYDROCHLORIDE) WITHIN 48 HOURS? _____

PREVIOUS CONTRAST? _____

NEXT APPOINTMENT WITH REFERRING DR. IS _____

FOR OFFICE USE ONLY:

STUDY(S) ORDERED _____ # _____

CLINICAL FINDINGS / DX: _____

PREVIOUS CONTRAST? _____

CONTRAST _____ ML OF _____ INJECTED _____ BY _____

EXISTING IV _____ STICK _____

RADIOLOGIST _____ TECH(S) _____

COMMENTS