HOSPITAL FOR SPECIAL SURGERY

535 East 70th Street
New York, NY 10021

Hospital for Special Surgery
Department of Radiology and Imaging

Patient Label
PLEASE PRINT
YOUR NAME & DATE OF BIRTH

Questionnaire for Interventional Radiology Procedures & Patients Receiving Contrast Agent:

Height: _____ **Weight:** _____

Information source: ❒ Patient ❒ Spouse ❒ Parent ❒ Other_____

Yes	No	
❒	❒	1. Do you have a history of severe Asthma?
❒	❒	2. Have you had an injection of contrast agent (dye) before?
		If Yes, what study:_____
❒	❒	3. **Have you ever had** an allergic reaction to contrast agents?
		If yes, to what contrast agent:_____
❒	❒	4. Have you ever had any allergic reaction to medication?
		If yes, please indicate medication/reaction:_____
❒	❒	5. Are you pregnant? ❒N/A ❒ Not Sure ❒Last LMP:_____
❒	❒	6. Do you have diabetes?
❒	❒	If yes, do you take the medication GLUCOPHAGE/METFORMIN?
❒	❒	7. **Are you currently being treated for any type of infection?**
		If yes, please specify:_____
❒	❒	8. Do you have Multiple Myeloma?
❒	❒	9. Do you have **kidney disease?**
		Cre/Bun. Level _____ Date_____

Circle your current Pain Level

10. Pain Scale (0 No Pain) (1 2 3 Mild Pain) (4 5 6 7 Moderate Pain) (8 9 10 Worse Pain)

Medication List:

Please list your active medications below:

Drug Name	Dose	Route	Freq	Indications/Comments

Discharge Instructions:

❒ Please contact your primary care physician regarding this medication: _____

_____

For Office Use Only:

MEDICATION RECONCILIATION

❒ Medication List verified by: _____
(Signature) ID #

❒ New/ Changed Meds at Discharge: _____

Medications Ordered and Administered today. Date:_____

- ❒ Lidocaine 1% ____mL
- ❒ Marcaine 0.25% ____mL
- ❒ Marcaine 0.5% ____mL
- ❒ Celestone 6mg/mL ____mL
- ❒ Depo Medrol 40 mgs/mL ____mL
- ❒ Kenalog 40 mgs/mL ____mL
- ❒ Omnipaque 180mgI/m ____mL
- ❒ Omnipaque 240mgI/mL ____mL
- ❒ Omnipaque 300mgI/mL ____mL
- ❒ Visipaque 320mgI/mL ____mL
- ❒ Barium Sulfate Suspension (2/1% w/v, 2.0% w/w) ____mL
- ❒ Volumen: Barium Sulfate Suspension: (0.1% w/v, 0.1% w/w) ____mL
- ❒ Hypaque Sodium 250g (Oral Powder)
- ❒ Others:
- ❒ Faxed to Pharmacy x3996
- ❒ Pharmacist profile

Name of Pharmacist

_____

_____
(Signature) ID #

Do Not Use Abbreviations:

U, IU, Q.D., q.d., Q.O.D., q.o.d., MS, MSO_4, $MgSO_4$ no trailing Zero after decimal; use leading Zero before decimal