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 ) ( 1 ) ( 2 ) ( 3 ) ( 4 ) ( 5 ) ( 6 ) ( 7 ) ( 8 ) ( 9 ) ( 10 )

   No Pain   Mild Pain   Moderate Pain   Worse Pain

Medication List:

Please list your active medications below:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Route</th>
<th>Freq</th>
<th>Indications/Comments</th>
</tr>
</thead>
</table>

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 ☐ Visipaque 320mgl/mL _____mL ☐ Hypaque Sodium 250g (Oral Powder)
☐ Marcaine 0.25% _____mL ☐ Barium Sulfate Suspension _____mL (2/1% w/v, 2.0% w/w)
☐ Marcaine 0.5% _____mL ☐ Volumen: Barium Sulfate Suspension: _____mL (0.1% w/v, 0.1% w/w)
☐ Celestone 6mg/mL _____mL ☐ Depo Medrol 40 mgs/mL _____mL (Faxed to Pharmacy x3996)
☐ Kenalog 40 mgs/mL _____mL ☐ Omnique 180mgl/m _____mL Pharmacist profile
☐ Omnique 240mgl/mL _____mL ☐ Omnique 300mgl/mL _____mL Name of Pharmacist

☐ Omnique 180mgl/m _____mL

☐ Omnique 240mgl/mL _____mL

☐ Omnique 300mgl/mL _____mL

Do Not Use Abbreviations:

U, IU, Q.D., q.d., O.D., q.o.d., MS, MSO4, MgSO4 no trailing Zero after decimal; use leading Zero before decimal.