NONCONTRAST CT CONSENT FORM

PT NAME: ______________________

PT DOB: ______________________

HF: ______________________

HEIGHT: ______________________

ACCESSION: ______________________

WEIGHT: ______________________

Have you ever had:	YES	NO	Explanation:
Diabetes			
Heart Disease			
Kidney Disease			
Multiple Myeloma			
Cancer? Type?			
Asthma/COPD			
Lupus			
Diverticulitis			
Crohns			
Aneurysm? Where?			
TIA			
Stroke			
Seizures			
Migraines			
Gallbladder Removed			
Appendix Removed			
Any Surgeries			
Hysterectomy (Full/Partial)			
Smoking? Packs per day?			
Autoimmune Disease? Type?			

Brief description of what is going on to need this exam performed?