



## DIAGNOSTIC CT PATIENT SCHEDULING QUESTIONNAIRE

**If the answer is YES to any of the questions, please notify UCLA RADIOLOGY prior to scheduling your CT**

### ALL CT PATIENTS:

- Do you weigh more than 450 lbs.?
- Are you able to lift yourself onto a bed without help, or do you need assistance?
- FEMALE: Is there a possibility you may be pregnant? If Yes, pregnancy gestational week?
  - If pregnant, CT is not recommended, radiologist approval required. Consider US or MR.

### CT PATIENTS WITH & W/WO CONTRAST STUDIES ONLY:

- Did the ordering provider waive labs for this study?
- Are you allergic to iodine, or had complication with injected contrast, or have severe multiple allergies? If so, what was the reaction?
- Are you currently on dialysis?
  - If yes, has it been longer than 3 months and urine output is less than half cup per day?
- Do you have a central venous catheter /PICC/Port/Tunneled CVC/Non-Tunneled CVC available for contrast?
- Have you ever been diagnosed with asthma or use an inhaler?
- *Do you have labs for Creatinine/eGFR (blood draw) within 8 weeks of the study? (See DETAILS\* below)*
- **High Risk Conditions Questionnaire:** (If Yes to any, labs within 8 weeks are needed unless waived)
  - *Are you over 60 years old? (Labs within 6 months OK if over 60 YO w/ no other high risk conditions)\**
  - *Are you diabetic and currently on medication to manage your diabetes?\**
  - *Are you taking METFORMIN containing medications? If Yes, list medications. \**
  - *Have you had kidney surgery or any kidney disease? \**
  - *Have you had, or being evaluated for, solid organ transplant? (liver, kidney, heart, lung) \**
  - *Do you have high blood pressure or have had heart failure that you manage with medication? \**
  - *Are you taking daily/chronic (>3 months) over the counter anti-inflammatory/pain medications other than Aspirin and Tylenol (such as Advil, Naproxen, Motrin, Ibuprofen)? \**
  - *Have you had chemotherapy since your last Creatinine/eGFR lab draw? \**
  - *Have you ever been diagnosed with Myeloma, Lupus, Scleroderma, Rheumatoid arthritis? \**

### CT CARDIAC & CTA CORONARY STUDIES ONLY:

- Have you ever used beta-blockers? If yes, please comment on adverse reactions.
- Are you, regardless of male or female, taking any medications used to increase blood flow, for erectile dysfunction syndrome or for pulmonary hypertension such as Cialis, Viagra, Tadalafil, and Adcirca?
- NOTE: Avoid any food or drink containing caffeine or alcohol for 4 hours prior to your study.

#### \* High Risk Assessment for Creatinine/eGFR Lab requirement:

- Patient is over 60 years old with no other high risk conditions, **lab value within 6 months.**
- Patient is over 60 years old with one or more other high risk conditions, **lab value within 8 weeks.**
- Patient is 60 years old or younger with one or more high risk conditions, **lab value within 8 weeks.**
- Patient is 60 years old or younger with no high risk conditions, **lab value is not required.**

## DIAGNOSTIC MRI PATIENT SCHEDULING QUESTIONNAIRE



**If the answer is YES to any of the questions, please notify UCLA RADIOLOGY prior to scheduling your MR**

### ALL MR PATIENTS:

- FEMALE: Is there a possibility you may be pregnant? If Yes, pregnancy gestational week?
  - If pregnant, contrast is not recommended, radiologist approval required. Non-contrast is OK.
- FEMALE: Do you have a breast expander, pessary, IUD, copper IUD or diaphragm?
  - If Yes for IUD or diaphragm, what is the make and model?
- Do you weigh over 300 lbs.?
- Are you able to lift yourself onto a bed without help, or do you need assistance?
- Is this your first MRI? Have you had any complications or issues with claustrophobia?
- Do you have anything in your body that you were not born with, like metal shavings, shrapnel, bullets, magnets, or data collecting capsules or pills?
- Have you had any major surgery, such as brain, heart, abdomen, head, bone, joint, or spine surgery?
  - Please note **model of implant w/ Hospital & Year** of surgery that implanted the foreign object.
    - BRAIN: Do you have an intra-cranial aneurysm clips, shunts, or coils?
    - HEART/CARDIAC: Do you have pacemakers, pacing wires, DBS, VNS/RNS wires, implant defibrillator, ICD, coils, filters or stents?
    - ABDOMEN: Do you have any coils, filters, stents or shunts?
    - HEAD/NECK: Do you have an eye implant, eye spring, or cochlear (ear) implants?
    - BONE: Do you have post-surgical rods, pins, screws, plates, wires, staples, surgical clips, prosthesis or artificial limb?
    - JOINT: Do you have a joint replacement? (Hip, Shoulder, Knee, etc.)
    - SPINE: Do you have an internal, external drug pump or implanted stimulator?
    - ***Are any of the implants held in place by a magnet?***
    - ***Do you have any other implants or metals in your body?***

### MR PATIENTS WITH & W/WO CONTRAST STUDIES ONLY:

- Did the ordering provider waive labs for this study?
- Are you allergic to gadolinium or had complication with injected contrast? What was the reaction?
- Are you currently on dialysis?
  - If receiving study from List A (below): Dialysis sessions are needed 12 & 24 hours after study.
- Labs for Creatinine/eGFR (blood draw) within 6 weeks of the study is needed if patient's study is on List A **AND** patient has one or more high risk conditions from List B. Otherwise no labs required.
  - List A: Patient is receiving any study using Eovist or Feraheme contrast, or the study is an MR IAC W CON Meniere's Protocol, MRI Cardiac w/ or w/wo con, or MRA or MRV with any type of LE run-off.
  - List B: ***High Risk Conditions List*** - 85 y/o or older, Hypertension, Type 1 diabetes-insulin dependent, history of renal disease (prior dialysis, single kidney, renal cancer, kidney surgery, renal transplant), or diagnosed with Myeloma, Lupus, Scleroderma, or Gout.

### MR BREAST PATIENTS ONLY:

- When was your last menstrual cycle? (MR Breast must be scheduled between days 7 to 14 of the menstrual cycle unless reason is NEWLY DIAGNOSED BREAST CA or STAT. N/A if menopausal.)