

CT Contrast Injection Patient Questionnaire
注射扫描显影剂病人问卷

Patient Name 病人姓名: _____

Date 日期: _____ Age 年龄: _____ Weight 体重: _____ Height 身高: _____ Sex 性别: M 男 F 女

What is the reason this exam was ordered? _____

医生为何为您安排做此扫描？

Yes 有 No 无

1. Do you have any allergies to food or medicine? 您对药物或食物有无过敏？
 If Yes, please list: 如有、请写下药名 _____
2. If you had a previous reaction to a contrast injection in CT or MRI, what kind of reaction did you have? Describe reaction 如您过去对扫描 (CT) 或核磁共振 (MRI) 的显影剂有反应、是何种反应？请描述: _____
3. If you had a prior reaction to a contrast injection, have you been premedicated with a corticosteroid (such as prednisone or solumedrol)? 如您过去对注射显影剂有反应、您是否已预先服用皮质类固醇激素 (如泼尼松或 solumedrol) ？
4. Are you allergic to latex? 您对乳胶过敏吗？
5. **Do you have diabetes? 您有糖尿病吗？**
6. If you have diabetes, are you on insulin? 如您有糖尿病、您是否用胰岛素？
7. **Do you take pills for your diabetes? Check all that apply 您是否服用糖尿病的药物？请在您所服用的药物前打勾**
 Metformin – containing medication 及含有 *Metformin* 的药物 other 其他 _____
8. Do you have asthma, COPD, emphysema or other respiratory problems? 您有无哮喘？慢性阻塞性肺病、肺气肿或其他呼吸道的问题？。
9. If you have asthma, do you use an inhaler? 如您有哮喘、是否使用吸入器？
10. **Are you on hypertensive (high blood pressure) medication? 您是否服用高血压的药？**
11. Have you ever been told that you have had heart failure? 可曾有人告诉您有心脏衰竭？
12. **Are you on any heart medication? Please list 您服用心脏的药物吗？请列出药名：** _____

PT.NO

NAME

DOB

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UW Medicine Health System

Harborview Medical Center – UW Medical Center
 Northwest Hospital & Medical Center – University of Washington Physicians
 Seattle, Washington

CONTRAST INJ PT QUESTIONNAIRE-CHINESE



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13. Do you have or have you ever had kidney problems in the past or present? 您目前或过去有肾脏病吗？
Check all that apply: 请勾选：
- kidney stones 肾结石 blood in urine 血尿 renal cancer 肾癌 kidney transplant 肾移植
- kidney removal 肾切除 renal failure 肾衰竭
- chronic use of NSAIDs 长期使用非甾体类抗炎药: *advil /naprosyn/ibuprofen*
14. **If you have kidney problems--Have you been premedicated with Mucomyst® (acetylcysteine)?**
如您有肾脏病—您是否已预先服用 Mucomyst® (乙酰半胱氨酸)？
15. **Are you on dialysis? 您是在肾透析吗？**
16. Female: Is there any possibility you could be pregnant? 女性：您现在是否可能正怀孕？
17. **Have you ever had a transplant? Are you being evaluated for a possible transplant? If yes, what kind? 您接受过移植吗？或您正在评估可能做移植？如是、请告知是何种移植？** _____
18. Have you had major surgery? If so, what type 您曾做过大手术吗？如有；请告知是何种手术？ _____
19. **Do you have a history of vascular surgery for Arteriosclerosis? 您曾做过治疗动脉粥样硬化的血管手术吗？**
20. **Do you have Sickle Cell disease? 您有镰状细胞症吗？**
21. **Do you have Myeloma? 您有骨髓瘤吗？**
22. **Do you have active Gout? 您的痛风正在发作吗？**
23. **Do you have Lupus? 您有红斑狼疮吗？**
24. **Are you taking multiple antibiotics? 您是否正在服用多种抗生素？**

PATIENT SIGNATURE 病人签名		PRINT NAME 正楷书写姓名		DATE 日期
TECHNOLOGIST SIGNATURE	PRINT NAME	NPI	DATE	TIME

PT.NO

NAME

DOB

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