

CT Screening CT 扫描

Patient Name:病人姓名: _____
 Today's Date: _____ Age: _____ Weight: _____ Height: _____ Sex: M F
 日期 年龄 体重 身高 性别 男 女

What is the reason this exam was ordered? _____
 为什么医生指定做这检查?

Allergy Information 过敏反应资讯

Yes No
有 无

- Are you allergic to iodine, IVP dye or x-ray/CT contrast? If yes, what was your reaction? _____
 您对碘、肾孟造影料或 x 光/ CT 所用的染料过敏吗? 如是、您有何种反应?
- If you have a known allergy to x-ray/CT contrast, did you take prednisone and/or Benadryl last night and today?
 如您已经知道对 x 光/ CT 染料过敏、您昨晚和今天有没有服用强的松和/或苯那得瑞尔?
- Do you have any other allergies?
 您还有其他的过敏反应吗?
 If yes, please explain: _____
 如有、请注明:
- Do you have asthma? If yes, is it currently affecting you? _____
 您有哮喘吗? 如有、目前对您有影响吗?

Renal (Kidney) Health Related Information 与肾脏健康有关的问卷

Yes No
有 无

- Do you have kidney disease or kidney failure?
 您有肾疾或肾衰竭吗?
- Have you had a kidney transplant?
 您做过肾移植吗?
- Have you previously had kidney surgery?
 您以前做过肾脏手术吗?
- Do you have a family history of kidney failure?
 您家族里有肾衰竭史吗?
- Do you have a history of kidney cancer or mass?
 您有肾癌或肿块病史吗?
- Have you been feeling sick with nausea, vomiting, or diarrhea?
 您是否感到恶心、呕吐或腹泻?

PLACE PATIENT LABEL HERE

UW Medicine

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

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Other 其他

Yes No
有 无

- Female: Is there any chance you could be pregnant?
妇女：您有可能怀孕吗？
- Do you take medication for high blood pressure?
您服用高血压的药物吗？
- Do you take Glucophage (Metformin)?
您服用 Glucophage（二甲双胍）吗？
- Do you have Diabetes?
您有糖尿病吗？
- Do you have any other pertinent medical history? Please explain briefly.
你还有其他相关的病史吗？请简单解释一下。

Patient Name (printed)
病人姓名（正楷）

Patient (or legal guardian) Signature
病人（或法定监护人）签名

Date Signed
日期

If signed by person other than patient, provide printed name, relationship to patient, description of authority
如非病人本人签名、请提供姓名的正楷书写、与病者的关系、授权说明

| This Section for Hospital Use | |
|---|-----------|
| Date: | MRN: |
| Creatinine: GFR: | Lab Date: |
| If GFR is less than 30, notify physician. | |
| Name: | Date: |

Chinese Translation by UWMC Interpreter Services in May 2019

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|------------------------|------------|-----|------|------|
| TECHNOLOGIST SIGNATURE | PRINT NAME | NPI | DATE | TIME |
|------------------------|------------|-----|------|------|

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