



TOWER IMAGING MEDICAL GROUP

Imaging by Specialists

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Date: _____ Name: _____ Weight: ____ lbs Age: _____

Describe your symptoms and duration of your symptoms: (ie. abdomen pain for 2 months, cough for 1 week)

Other relevant exams that have been performed: (CT, MRI, X-ray, Ultrasound, Nuclear Medicine, Labs)

List exam type | date | facility / location exam was performed _____

List surgical history and dates: _____

List medications you are taking and what they are for: _____

Have you ever been diagnosed with cancer? [] Yes [] No

If yes, what part of the body was affected? _____

What type of treatment did you receive? _____

Are you finished with the treatment? [] Yes [] No

Is there any chance you could be pregnant? _____

Please indicate whether you have a history of any of the following? (Please answer ALL questions)

- Smoking [] Yes [] No (if yes) [] former smoker [] current smoker
Asthma [] Yes [] No
Reaction to Iodine contrast [] Yes [] No (if yes) What type? _____
Kidney Failure [] Yes [] No
Heart Trouble [] Yes [] No
Food or Medicine Allergy [] Yes [] No (if yes) What type? _____
Diabetes [] Yes [] No (if yes) What medication are you taking? _____

If you are diabetic, are you taking any of the following?

- Glucophage [] Yes [] No Metformin [] Yes [] No
Glucovance [] Yes [] No Insulin [] Yes [] No Other _____

INJECTION INFORMATION (For Staff Use Only)

- Type / Severity: [] Acute (short term condition) [] Chronic (long term condition)
Episode of Care: [] Initial (new injury / new symptoms) [] Subsequent follow-up of existing injury / symptoms
[] Sequela (late effects of old injury / symptoms)
Laterality: Effected side of injury / symptoms [] Right side [] Left side [] Both sides
IV Site: [] Left AC [] Hand [] Wrist [] Other: _____
IV Contrast: [] Omnipaque 350 [] Visipaque 320 [] Other: _____
Oral Contrast: [] Gastroview [] Barium [] Volumen [] Other: _____
Amount: [] 50cc [] 80cc [] 100cc [] Other: _____
Angiocath: [] 20g [] 22g [] 24g [] Other: _____
Injected by: _____

Tech Notes:

CT QUESTIONNAIRE