

Scheduler Initials _____
Date _____

Please Print Legibly

Other Exam Today _____

**North Fork Radiology
CAT SCAN Sheet**

Appointment Date _____ Appointment Time _____ CT _____

Patient Name _____ Day Time Phone # _____

Date of Birth _____ Age _____ Weight _____

Referring Physician _____ Phone # _____

Insurance _____ PC # (if applicable) _____

ID Number _____ PC # Verified _____

Alternative Contact Numbers _____

Appointment Scheduled by: Patient MD's Office Care Giver

Background/History

What symptoms or complaints led you to seek medical attention and how long have you had these symptoms?

History of Cancer? If Yes, what type, have you received Radiation or Chemotherapy treatments and when were you diagnosed?

Any Previous Surgeries? Please Describe, what type and why.

Any Allergies? _____

History of Diabetes? Y or N If Yes type of drug maintenance _____

Any previous CT or X-rays? When and where were they performed? **(If not NFR have PT bring films.)** _____

BLOOD WORK INFORMATION

(Patient must have had blood work drawn within the last three months for BUN and CR levels.)

Ordering MD/drawn @ _____ Draw Date _____ Phone _____

BUN Level _____ CR Level _____ Ratio _____

Oral Prep Y N Told to Pick Up Prep Y N IV Contrast Y N

Technologist Use ONLY

Pre Contrast Y N Post Contrast Y N Amount _____