DELTA MEDIX
300 Lackawanna Avenue, Unit 200, Scranton, PA 18503
Phone: 570-342-7864, Ext. 5360
FAX: 570-800-7529

CONTRAST QUESTIONNAIRE

1. Are you diabetic? YES _____ NO _____

2. If yes, are you on any of the following:

Glucophage (metformin)	YES _____	NO _____	Fortamet	YES _____	NO _____
Metaglip	YES _____	NO _____	Glumetza	YES _____	NO _____
Glucovance	YES _____	NO _____	Riomet	YES _____	NO _____
Avandamet	YES _____	NO _____	Actoplus Met	YES _____	NO _____
Janumet	YES _____	NO _____	Prandimet	YES _____	NO _____
Glucophage XR	YES _____	NO _____	Kombiglyze	YES _____	NO _____

Comments:

3. Is there a history of kidney/renal problems? YES _____ NO _____
Comments:

4. Have you had contrast material (x-ray dye) previously? YES _____ NO _____
Did you have problems with the dye? YES _____ NO _____
Comments:

5. Do you have multiple myeloma? YES _____ NO _____
(Malignant neoplasm of plasma cells/bone marrow.)
Comments:

6. Are you allergic to shellfish? YES _____ NO _____
Comments:

7. Are you allergic to any medications? YES _____ NO _____
If yes, please list.

8. Do you have asthma? YES _____ NO _____
Comments:

9. Is there a chance of pregnancy? YES _____ NO _____

Patient Name (Printed): _____ Date Of Birth: _____

Patient Signature: _____

Revised 11/07, 3-9-09, 6-29-09, 6-25-13, 3-23-18, 7-18-18