Name:_____

ID No.:_____

Date of birth:__YYYY___MM____DD

Radiology Department of Taichung Armed Forces General Hospital

Pre-Contrast Injection Risk Assessment Form

對比劑施打前風險評估表

※ **Please read the following questions first and complete the known ones. The remaining questions will be completed by the physician in the examination room.**

Have you ever had a history of allergies in the past? Allergy

☐ None

☐ Previous allergy to a contrast agent injected, and the type of allergy is:_____

☐ Allergy to food, drug or others, and the type is:_____

☐ Not known

Contraindication

☐ None

☐ Severe hyperthyroidism

☐ Severe de-compensated heart failure

☐ Severe hepato-renal dysfunction

☐ Oliguria or anuria

Assessment of high risk conditions

☐ None

☐ Asthma, allergy constitution

☐ Renal dysfunction

☐ Cardiovascular disease

☐ Pulmonary hypertension

☐ Cerebral disease

☐ Thyroid disease

☐ Pheochromocytoma

☐ On metformin for diabetes mellitus

Cre values in last three months:_____(mg/dL)___

Evaluation physician:_____ Date: YYYY MM DD hh mm