



4. QUESTIONNAIRES

to be completed by clinicians referring patients for examinations using iodine- or gadolinium-based contrast media

Questionnaire for iodine-based contrast media administration to be completed by the referring clinician.

1. History of moderate or severe reaction to an iodine-based contrast medium Yes No
2. History of allergy requiring treatment Yes No
3. History of asthma Yes No
4. Hyperthyroidism Yes No
5. Heart failure Yes No
6. Diabetes mellitus Yes No
7. History of renal disease Yes No
8. Previous renal surgery Yes No
9. History of proteinuria Yes No
10. Hypertension Yes No
11. Gout Yes No
12. Most recent measurement of serum creatinine
Value.....
Date
13. Is the patient currently taking any of the following drugs
Metformin Yes No
Interleukin 2 Yes No
NSAIDs Yes No
Aminoglycosides Yes No
 β -blockers Yes No

Completed by _____ Date _____