WELLSTAR Medical Group
Oncology
In Affiliation with Northwest Georgia Oncology Centers

Diagnostic Scan Questionnaire

Patient Name: _____

Date of Birth: _____

Please answer all of the following questions:

1. Are you allergic to CT scan dye? Yes / No
2. Are you diabetic? Yes / No
3. Do you take medication for Diabetes? Yes / No
4. Do you have any metal implants? Yes / No

   If yes, where? _____

5. Do you have multiple myeloma? (Blood cancer that develops in the bone marrow)

   Yes / No _____
6. Do you have breast implants? Yes / No _____

7. **Please circle if <u>you</u> have any of the following:**

   Kidney Disease / Kidney Failure / Kidney Transplant / Other Transplants

8. **Please circle if you have <u>family history</u> of the following:**

   Kidney Disease / Kidney Failure / Kidney Transplant / Other Transplants

Patient Signature: _____ Date: _____