

| PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE | | | |
|--|---------|--------------------------------------|---|
| What problems have you been having? | | What procedure are you having today? | |
| | | | |
| | | Women only | |
| What is your Weight? | Height? | When was your last period? | |
| When did you eat last? | | Could you be pregnant? | |
| | | Are you breast-feeding? | |
| Do you have other tests after this one? | | Are you taking oral contraceptives? | |
| What? | | Are you on hormone therapy? | |
| | | | |
| Do you have or have you had.....? | | | What medications do you take? List |
| (check appropriate box) | Yes | No | |
| Asthma | | | |
| Chest pain | | | |
| Anemia | | | |
| Heart Attack | | | |
| Abnormal Heart rhythm | | | |
| Congestive Heart Failure | | | List vitamins, herbs and over the counter drugs. |
| Polycystic Disease | | | |
| Kidney Disease/tumor or transplant | | | |
| Any reaction to local anesthesia | | | |
| Lupus / Scleroderma | | | |
| Collagen Vascular Diseases | | | |
| Vasculitis, Polymyositis, Polyarteritis | | | Do you have any allergies: |
| Pulmonary Hypertension | | | <input type="checkbox"/> No <input type="checkbox"/> Yes, List All: |
| Multiple Myeloma | | | |
| Myasthenia Gravis | | | |
| Pheochromocytoma | | | |
| Pacemaker | | | Cancer, or family history of cancer: Describe: |
| Sickle Cell Anemia | | | |
| Thyroid Disease | | | |
| COPD or emphysema | | | |
| Seizures | | | List past surgeries or injuries: |
| High Blood Pressure | | | |
| Low Blood Pressure | | | |
| Diabetes—How many years? | | | |
| What medication do you take for you diabetes? | | | Information given and verified by |
| | | | <i>Date</i> <i>Patient/guardian signature</i> |
| When did you take it last? | | | |
| | | | <i>Date</i> <i>Staff signature</i> |
| | | | |

Lawrence Memorial Hospital

Patient Imprint

Radiology Documentation Record

When you have had a radiology procedure requiring Barium contrast, you will receive two bills. The hospital will bill you for the procedure. You will also receive a bill from the radiologist who interprets the x-rays obtained during the procedure. The report from the radiologist will be forwarded to your primary physician. If you have any questions you can call the department at 749-6195.

Following the test:

Diet: You may resume diet as usual.
We encourage you to drink more fluids for the next 24 hours to avoid constipation.

Activity: Resume normal activity.

Medications: Resume normal medications unless otherwise instructed by your doctor.

Side effects: There are usually no side effects from this procedure.
Rarely someone can have an allergy to the Barium. If you develop a rash, hive swelling or difficulty breathing contact you physician immediately or come to the Emergency Room. If you are prone to constipation you should take a mild laxative recommended by your physician such as milk of magnesia. Any problems with constipation should be directed to your physician.

Follow up: If you do not have a follow up appointment with your doctor, you should expect the results of this test in 72 hours. If not please contact your doctor.

Other: _____

I understand the above information and have no further questions.

Patient signature

Date

Staff signature

Lawrence Memorial Hospital

Radiology Department
Barium studies- Discharge instructions

Original to patient/Copy to record

When you have had a radiology procedure requiring contrast media (dye), you receive two bills. The hospital will bill you for performing the procedure. You will also receive a bill from the radiologist who interprets the x-rays obtained during the procedure. The report will be forwarded to your primary physician. If you have any questions you can call the department at 749-6195.

Following the test:

Diet: You may resume diet as usual.
We encourage you to increase liquids for 12 hours following the test unless otherwise instructed by your primary physician.

Activity: Resume normal activity.

Medication: Resume normal medication unless otherwise instructed by your physician. If you are taking **Glucophage (Metformin), Metaglip, Advandamet, Glucovance, Fortamet, Riomet** you should not take this medication for two days following the test. This medication is for blood sugar so you may need to have your blood sugar checked more frequently this week. Any questions call your doctor.

Side effects: There are usually no side effects from this test. If you experience any rashes, hives, swelling or difficulty breathing contact your physician immediately or report to the emergency room. These symptoms may indicate an allergic reaction to the contrast media and may require treatment. If you have any redness or swelling at the IV site, place a warm wet wash cloth over the affected area for 15-20 minutes 3-4 times a day for the next few days. If redness or swelling lasts longer than 3 days, call your doctor. **Note: If you also had an exam that required you to drink Barium and you are usually constipated, consult your physician his/her recommendations.**

Follow up: If you do not have a follow up appointment with your doctor, you should expect the results of this test within 72 hours. If not please contact your doctor.

Other:

I understand the above information and have no further questions.

| | | |
|--|-------------|------------------------|
| _____ | _____ | _____ |
| Patient signature | Date | Staff signature |
| Lawrence Memorial Hospital | | Patient Imprint |
| IV Contrast studies/Discharge instructions | | |
| Original to patient/ Copy to record | | |