

CT Coronary Angiography Patient Safety Questionnaire

North West Cardiac Imaging Centre

North West Heart Centre, Southmoor Road, Manchester M233 9LT

Tel : 0161 291 4560 Fax : 0161 291 4561

Patient Details			
Patient Name		Hospital ID	
Date of Birth		Date	
Height		Weight	

Pre-procedure safety checklist			Comments:
Have you had any previous CT examinations?	Yes	No	
Have you had an x-ray contrast agent injected before?	Yes	No	
Do you have any allergies?	Yes	No	
Are you a diabetic?	Yes	No	How is it controlled?
Do you suffer from severe or uncontrolled asthma or COPD?	Yes	No	
Do you have any kidney problems, including kidney infections?	Yes	No	
Do you have a history of heart disease such as heart failure, heart block, heart valve disease or family history of heart disease?	Yes	No	
Do you have or have you had high blood pressure?	Yes	No	
Have you taken Viagra (Sildenafil) within the last 24 hours?	Yes	No	
Are you taking Verapamil?	Yes	No	
Any previous surgery or procedures on your heart or chest?	Yes	No	
Do you consent to the use of your CT images for research, auditing or teaching?	Yes	No	
For Female patients			
Could you be pregnant?	Yes	No	
Are you breast feeding?	Yes	No	

Patient's Signature:	Date:
Radiographer's Signature:	Date:
Radiologist's Signature:	Date: