



REGIONAL MEDICAL IMAGING

MYELOGRAM HISTORY FORM

DATE: _____ REFERRING PHYSICIAN: _____

PATIENT: _____ AGE: _____ WEIGHT: _____

DO YOU HAVE RADICULOPATHY? YES NO RIGHT LEFT

HAVE YOU HAD A PRIOR LUMBAR PAIN INJECTION? YES NO DATE _____

HAVE YOU HAD A MYELOGRAM? YES NO DATE _____

ALLERGIC TO IODINE? YES NO

PRIOR CERVICAL OR LUMBAR SPINE SURGERY? YES NO DATE _____

REASON FOR EXAM/COMPLAINTS: _____

CLINICAL HISTORY

YES NO

- DIABETIC**
- GLUCOPHAGE
- GLUCOVANCE
- METFORMIN
- AVANDAMET
- ACTOPLUSMET
- FORTAMET
- ASTHMA
- CHF
- RENAL FAILURE**
- COUMADIN**
- OTHER TYPE BLOOD THINNERS? _____

YES NO

- MULTIPLE MYELOMA**
- PHEOCHROMOCYTOMA**
- SICKLE CELL ANEMIA**
- IRREGULAR HEART BEAT
- ANY CHANCE YOU ARE PREGNANT NOW**
- HIGH BLOOD PRESSURE
- LUPUS
- PREVIOUS CONTRAST REACTION**
- SMOKER (QUIT _____,**
PACK/DAY _____, NUMBER OF YEARS _____)
- HISTORY OF CANCER**
- RAD. THERAPY _____, CHEMO _____**

ALLERGIES _____

MEDICATIONS _____

SURGERIES _____

PREVIOUS CT, X-RAYS, MRI's _____



PATIENT CONSENT FORM

CT MYELOGRAM INFORMED CONSENT

I, _____, understand that I am to undergo a test involving my receiving a dye injected into the spinal canal. The dye is an intra-thecal non-ionic contrast agent. Before giving my consent to the procedure by signing this form, I agree that I have been sufficiently informed by Regional Medical Imaging of the purpose of this study, the methods used, potential side effects, and that I have had all of my questions pertinent to this study answered.

Purpose of this test : My physician has ordered CT Myelogram procedure which includes receiving a dye injected into the spinal canal. This study has been chosen by the referring physician to best diagnose my current symptoms.

Side Effects : Although myelography is a safe procedure, there can be potential complications. Headache, nausea, dizziness, back and leg pain are possible and often self limited. Unusually headaches will persist and may need a follow up procedure for correction. Rarely, more serious complications occur, including infection, bleeding, seizure, allergic reaction to the contrast, meningitis or paralysis.

Recovery Period : Most patients recover within 24 hours from any mild side effects. It is necessary to refrain from any strenuous activity for at least 2 days after the exam. To prevent side effects such as headaches, patients are also requested to stay in bed at a 30-45 degree angle for at least 2 days and drink plenty of liquids.

I have read the above information and understand the importance of this test, the potential risks of the procedure and agree to proceed.

Patient Signature

Witness

Date and Time