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|---|---|---|---|
| Appointment Date: | | Patient ID: | |
| Study Type: | | Patient Name: | |

**PRESCREENING FOR NON MRI STUDIES**

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| Employee Initials and Date of Prescreening | | | | | |
| Verified Prescreening is the same as: | Date: | | Study: | | |
| Body Parts and Modalities | | | | | |

Verified Referring Doctor's Name and Address with Patient upon arrival ☐ Yes ☐ No

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|---|---|
| Employee Initials | |

Verified Patient Demographics with Patient upon arrival ☐ Yes ☐ No

| | |
|---|---|
| Employee Initials | |

**1.** Please enter your Referring Doctor/Provider's Full name and Address:

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**2.** Please enter the following information:

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| Height: | | Weight: | | Age: | |

***If 'YES' is answered to any of the below Questions, please refer to the Question Key located on Page 3.***

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| **3.** Is this a Workers Compensation injury? Date of Injury? | |
| **4.** If this is a Workers Comp Injury; did you receive a letter notifying you to use an Imaging Network? | |
| **5.** Is this a No Fault/Auto Accident Injury? Date of Injury? | |
| **6.** Have you ever been here before? | |
| **7.** Have you had any prior imaging of this area? | |
| **8.** What surgeries have you had in your lifetime, and what were the approximate dates? | |
| **9.** Are you allergic to any medication or latex? | |
| **10.** Are you currently taking any medication? | |
| **11.** Do you need assistance walking or transferring? | |
| **12.** Have you ever been diagnosed with cancer? | |
| **13.** Have you ever had a seizure? | |
| **14.** Could you be pregnant? | |
| **15.** When is your next appointment date and time with the referring doctor(s)? | |
| **16.** Do you want copies of your report(s) sent to anyone in addition to your referring doctor? | |
| **17.** Told patient to bring script? | |
| **18.** Told patient copay or coinsurance is due at time of study? | |
| **19.** Asked patient if they had questions? | |
| **20.** Asked patient if they needed directions? | |
| **21.** Notified patient of prep instructions below? | |
| **22.** Notified All Patients: "For your convenience, we are letting all of our patients know that we also have Mammo, X-Ray, MRI, CT, US and Bone Density, so if you have any additional | |

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| studies, we can do that while you're here. Let me know if you'd like to schedule any today." | | |
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| **CONTRAST ONLY** | | |
| **23.** If over 60, bloodwork within 2 months? | | |
| **24.** Is the patient an **inpatient**? If yes, need bloodwork within past **2 DAYS** | | |
| **25.** Have you had the following within the past 60 days? Severe dehydration, severe illness, high fever, hospitalization, liver disease or abdominal surgeries? – IF YES, need bloodwork within past **14 DAYS** | | |
| **26.** Do you have high blood pressure that was or is bad enough to be treated with medication? | | |
| **27.** Have you ever had an organ transplant? | | |
| **28.** Have you ever been diagnosed with kidney disease or kidney failure? | | |
| **29.** Do you have a single Kidney? | | |
| **30.** Have you ever had a renal transplant, renal cancer, or renal surgery? | | |
| **31.** Are you or have you ever been on dialysis? | | |
| **32.** Do you have diabetes? | | |
| **33.** Have you ever had a reaction to IV contrast/dye? | | |
| **34.** Do you have a history of Pheochromocytoma? | | |
| **35.** Do you or have you ever had an active history of gout? | | |
| **36.** Do you have a history of multiple myeloma? | | |
| **37.** Do you have a history of sickle cell disease? | | |
| | | |
| **CALCIUM SCORE PRESCREENING (HEARTSCORE)** | | |
| **38.** What was your last Blood Pressure Reading? | | |
| **39.** Is there any family history of heart disease? | | |
| **40.** Do you have diabetes? | | |
| **41.** Are you a current or former smoker? | | |
| **42.** Do you have any Coronary Artery Stents?<br>**43.** (If yes, please see a Manager or RAD) | | |
| **44.** Have you ever had Heart Surgery? | | |
| **45.** Please bring your most recent Lipid Panel Results to the Exam. | | |
| **46.** Please do not smoke or drink any caffeine 4hrs before the Exam. | | |
| **CT LUNG SCREENING ONLY** | | |
| **47.** Are you between the ages of 55-80 years old? (**55-77** for **Medicare** Patients) | Yes No | ***If **No**, you do not Qualify. |
| **48.** Do you have a 30 Pack-Year Smoking History and fit 1 of the following criteria:<br>a. 1 pack per day for 30 years<br>b. 2 packs per day for 15 years, or:<br>c. 3 packs per day for 10 years | Yes No<br>Please explain: | ***If **No**, you do not Qualify. |
| **49.** Do you still smoke or have you quit within the last 15 years? | Yes No | ***If **No**, you do not Qualify. |
| **50.** Are you currently diagnosed with a medical condition that has given you a short remaining life expectancy? | Yes No | ***If **Yes**, you do not Qualify. |
| ***Service Coordinator**: **Patient must qualify for every** | | |

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| **Question in order to be scheduled for this exam. Please contact the Referring Physician if they fail to meet all the criteria.**<br>**51. If the patient does not qualify for a CT Lung Screening, you can say the following: 'We will contact your referring physician to see if they want a traditional CT of the Chest' If so, we can keep your appointment and call you back.'** | |
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ADDITIONAL NOTES:
Document any additional follow up issues below and get OP reports as needed.

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| **MEANINGFUL USE:** |
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| Race: DECLINED. Ethnicity: DECLINED Smoking Status: DECLINED. |
| ☐ SEE RAMSOFT FOR UPDATED INFORMATION. |

**If the patient is having a biopsy, also fill out biopsy questionnaire.

**PREP**

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| Ultrasound | | | |
| | Abdominal | Abdomen complete | Do not eat or drink anything after midnight. (except water if combined with pelvis). |
| | | Abdomen -Single organ (Gall bladder, Pancreas, Spleen…) | |
| | Renal | Full Kidneys / Renal (includes Aorta) | No food or drink after midnight, drink 16oz water 1 hour prior to test and hold. |
| | | IVC (Inferior Vena Cava) | |
| | | | |
| | Aorta | Aorta | No food or drink after midnight |
| | Pelvic | Pelvis, Transabdominal (female) | Drink 16 oz of water (2x 8oz glasses of water) 1 hour prior and hold. Your bladder must be full for this exam. |
| | | Pelvis, Transvaginal | |
| | | Pelvis, Transabdominal (male) | |
| | | Inguinal Area | |
| | | Urinary Bladder | |
| | OB | OB - First Trimester | Drink 16 oz of water (2x 8oz glasses of water) 1 hour prior and hold. Your bladder must be full for this exam. |
| | | OB - Greater than 14 Weeks | No prep required. |
| | | Upper GI | Do not eat or drink anything after midnight including gum, mints or cigarettes. |
| Fluoroscopy | | | |
| | | Esophagram | Do not eat or drink anything after midnight including gum, mints or cigarettes. |

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| | | Upper GI with Small Bowel study | Do not eat or drink anything after midnight including gum, mints or cigarettes. |
| | | Barium Enema | Use Fleet Enema Kit #3 from your local drug store. Follow the 24 hour prep Instructions. |
| | | Joint Injections - Therapeutic Injection of steroids. (Marcaine and Depo-Medrol) | No prep needed. |
| | | IVP - Intravenous Pyelogram (kidney x-ray) | Use Fleet Enema Kit #3 from your local drug store. Follow the 24 hour prep Instructions. |

CT Computed Tomography

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| All CT exams of the abdomen and pelvis require IV and oral contrast except CTA's, CCTA, Heartscores, pelvis for seed implant, bone fracture, bone tumors or SI Joints..<br>All patients must arrive 2 hours before study to drink Barium or pick it up to drink at home | |
| Patients that are taking *glucophage* for diabetes must not take it for 48hrs. after having the IV contrast injection. | |
| CT - Abdomen only | Do not eat or drink anything three ( 3 ) hours prior to your scheduled exam time. Drink 1 bottle of barium 1 hour before scheduled exam time. Please try to drink the barium solution slowly over the 1/2 hour period. Don't rush. |
| CT Abdomen and Pelvis (or) CT of the Pelvis only. | Do not eat or drink anything for three ( 3 ) hours prior to your scheduled exam time. Begin drinking the 1st bottle of barium 2 hours before your scheduled exam time and complete the bottle within ½ hour. Begin drinking 2nd bottle of barium 1 ½ hours before your scheduled exam time. Drink the 2nd bottle of barium solution slowly over the 1 ½ hour period prior. Don't rush. |
| CT Abdomen and Pelvis (or) CT of the Pelvis only **TO R/O APPENDICITIS** | Do not eat or drink anything for three ( 3 ) hours prior to your scheduled exam time. (Have patient arrive early for gastrograffin drink. Tech will distribute). |
| CT Colonography | Use Fleet Enema Kit #3 from your local drug store. Follow the 24 hour prep Instructions |

Notify patient of preps above

## QUESTION KEY:

**4.** If YES, please specify the name of the network and enter in the name of the proper Network as the Insurance. Call the Network to notify them.
If NO, the patient must sign a 'No Network' Letter upon arrival.

**6.** If YES, when: (PULL OLD CHART)

**7.** If YES, document where and when below: (**PULL REPORTS AND IMAGES**)

**8.** If any, document and take action

**9.** If YES, document and take action.

**10.** If YES, list types only (omit dosages)

**11.** If YES, document transfer plan

**12**. If YES, please specify when and details.

**13.** If YES, how frequent

**14.** If YES, only ultrasound allowed until next period (or document Radiologist approval and patient to sign a pregnancy waiver)

**16.** If YES, add the Doctor(s) as a consulting physician in Ramsoft and document below.

**33.** If YES to questions 30-32 have you had bloodwork within the past 6 months?
If YES, get a copy and document where and when in patient notes?
If NO, order bloodwork and document in patient notes.