Chinese

CT Screening CT 扫描问卷

Patient Name 患者姓名: _____

Today's Date: _____ **Age**: _____ **Weight**: _____ **Height**: _____ **Sex**: ☐ **M** ☐ **F**
今天的日期 年龄： 体重 身高 性别： 男 女

	Yes 有	No 无	
	☐	☐	If female: is there any possibility you could be pregnant? 女性：您有可能怀孕了吗?
	☐	☐	Are you currently breastfeeding? 您目前是否在哺乳 ?
	☐	☐	Have you had a previous reaction to iodinated contrast media (i.e. CT contrast dye or X-ray dye)? If yes, describe reaction 您过去是否对以碘造影介质（如 CT 造影染料或 X 射线染料）有反应?
	☐	☐	如是，请描述反应：: _____
	☐	☐	If you had a prior reaction to iodinated contrast media, have you been pre-medicated with a corticosteroid (such as prednisone or Solu-Medrol)? 如您过去对碘造影介质有反应、您是否已预先服用皮质类固醇（例如强的松或 SOLU 甲泼尼龙）? _____
			Do you have any allergies to food or medication? If yes, please list 您对食物或药物有任何过敏吗? 如果有；请列出: _____
	☐	☐	Do you have asthma? 您有哮喘吗?
	☐	☐	If yes, is your asthma currently affecting you? 如有；目前哮喘对您有何影响?
Δ	☐	☐	Do you take Glucophage (metformin)? 您服用格华止（二甲双胍）吗?
Δ	☐	☐	Do you have kidney disease or kidney failure or kidney transplant? 您有肾脏疾或肾功能衰竭或肾移植吗?
Δ	☐	☐	Do you have a history of kidney cancer or mass? 您有肾脏癌或肾肿瘤的病史吗?
Δ	☐	☐	Do you have a family history of kidney failure? 您家族有肾脏癌的病史吗?
Δ	☐	☐	Have you previously had kidney surgery? 您过去做过肾脏的手术吗?
*	☐	☐	Have you had a recent illness or infection in the past week? Type 您过去 一周来有无疾病或感染? 如有是那种: _____
*	☐	☐	Have you been feeling sick with nausea, vomiting or diarrhea? 您是否感到恶心、呕吐或腹泻?

_____ _____ _____

Signature of Patient or Legal Guardian **Printed Name** **Date**
病者或法定监护人签名 **正楷书写姓名** **日期**

_____

If signed by person other than patient, provide printed name, relationship to patient, description of authority
如非病者本人签名、请正楷书写姓名、注明与病者关系、说明权限

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington

CT SCREENING - CH

U2359

UH2359CH REV JAN 20

THIS SECTION IS FOR STAFF USE ONLY 此栏属职员专用

* Serum creatinine within 24 hours Δ **Serum creatinine within 2 weeks if "Yes" to answer**

Chinese translation by UWMC Interpreter Services

TECHNOLOGIST SIGNATURE	PRINT NAME	NPI	DATE	TIME

PLACE PATIENT LABEL HERE