CT Screening

Baaritaanka Raajada CT

SOMALI

Patient Name:_____
Magaca Bukaanka
Today's Date: _____ **Age**: _____ **Weight**: _____ **Height**: _____ **Sex**: ☐ **M** ☐ **F**
Taariikhda Maanta: **Da'da**: **Miisaanka**: **Dhererka**: **Jinsiga**: **Nin** **Naag**

	Yes Haa	No Maya	
	☐	☐	If female: is there any possibility you could be pregnant? **Haddii ay dumar tahay: Suurtogal miyey tahay inaad uur leedahay**?
	☐	☐	Are you currently breastfeeding? **Hadda miyaad naaska nuujinaysaa?**
	☐	☐	Have you had a previous reaction to iodinated contrast media (i.e. CT contrast dye or X-ray dye)? If yes, describe reaction: _____ **Hore ma ugu yeelatay falcelin midabka isbarbardhiga ayoodhayn (iodine contrast) (Tusaale, midabeeyaha isbarbardhiga CT (CT contrast dye) ama midabeeyaha X-ray (X-ray dye)?** **Hadday haa tahay, sharax falcelinta**:
	☐	☐	If you had a prior reaction to iodinated contrast media, have you been pre-medicated with a corticosteroid (such as Prednisone or Solu-Medrol)? _____ **Haddii aad hore ugu yeelatay fal-celin daawada isbarbardhigga ayoodhayn (iodine), hore ma laguugu sii daweeyay corticosteroid (sida prednisone ama Sulo-Medrol**)?
	☐	☐	Do you have any allergies to food or medication? If yes, please list: _____ **Ma ku leedahay wax xasaasiyad ah cunto ama daawo? Haddii ay haa tahay, fadlan qor**:
	☐	☐	Do you have asthma? **Neef ma qabtaa?**
	☐	☐	If yes, is your asthma currently affecting you? **Haddii ay haa tahay, neeftaadu hadda ma ku saameysaa?**
Δ	☐	☐	Do you take Glucophage (Metformin)? **Ma qaadataa Glucophage (Metformin)?**
Δ	☐	☐	Do you have kidney disease or kidney failure or kidney transplant? **Ma qabtaa cudur kelyaha ah ama Shaqeyn La'aanta Kelyaha ah ama kelyo lagugu beeray (lagaa bedeley)?**

PLACE PATIENT LABEL HERE

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Δ	☐	☐	Do you have a history of kidney cancer or mass? **Ma leedahay taariikh kansarka kelyaha ah ama buro (cufnaan)?**
Δ	☐	☐	Do you have a family history of kidney failure? **Miyaad leedahay taariikh qoys oo kelyo fadhi (shaqo la'aan kelyood)?**
Δ	☐	☐	Have you previously had kidney surgery? **Hore miyaa laguugu sameeyey qalliin kelyaha ah?**
*	☐	☐	Have you had a recent illness or infection in the past week? Type: _____ **Dhawaan miyaad lahayd xanuun ama caabuq kugu dhacay usbuucii la soo dhaafay? Noocee**:
*	☐	☐	Have you been feeling sick with nausea, vomiting or diarrhea? **Miyaad dareemeysey xanuun leh lallabbo, matag, ama shuban?**

Patient (or legal guardian) signature: **Saxeexa bukaanka (ama mas'uulka sharciga ah)**	**Date:** **Taariikhda**	**Time:** **Waqtiga**
Patient Name (printed): **Magaca Bukaanka (daabacan)**	**Legal guardian printed name (if applicable):** **Magaca mas'uulka sharciga ah oo daabacan (haddii ay khuseyso)**	

THIS SECTION IS FOR STAFF USE ONLY

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

VASCULAR ACCESS:

DATE _____ **TIME** _____

TECHNOLOGIST / RN _____

IV SITE _____ □ **18g** □ **20g** □ **22g** **ATTEMPTS** _____

□ **OTHER** _____

CREAT / GFR _____

NOTES _____

PLACE PATIENT LABEL HERE

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