



## THE ADMINISTRATION OF CONTRAST INTRAVENOUSLY CONSENT FORM

Surname Name \_\_\_\_\_ -

History From Doctor \_\_\_\_\_

Please read and complete this form. If you have any doubts don't sign it until you have spoken to someone from this department before having the test.

You will be having a radiological test, requisitioned by your doctor, in which it will be necessary to administer an iodine contrast intravenously. The iodine contrast is essential for the test to be done properly.

Iodine contrast, like any medication, can produce side effects (nausea, vomiting...). The questionnaire is to establish if an iodine contrast can be administered. Once the form is completed the radiologist will be able to tell you if you can have the contrast or not

The contrast can produce allergic reactions. When they appear they are usually mild (redness, rash..). On very rare occasions there are more severe problems (cardiovascular and respiratory problems) and in very exceptional cases death has occurred from BEFOREHAND IF ONE IS ALLERGIC TO IODINE CONTRAST, only if it has been administered before, but, as has been already noted allergic reactions are very infrequent.

For some diseases iodine contrasts cant not be administered

With this form we will be able to say whether it can be given or not

### **Please answer the following questions:** (mark the right answer)

- Do you have any allergies?      Yes No
- If yes, please specify
- Have you been fasting for less than 6 hours Yes No



- Are you take insulin ? Yes No
- Do you take oral diabetic drugs? Yes No
- Do you have kidney problems? Yes No
- Do you have heart problems ? Yes No
- Do you have high blood pressure? Yes No
- Do you have a false teeth? Yes No
- Are you pregnant or think you might be? Yes No
- Have you had iodine contrast before? Yes No
- If yes, did you have any problems? Yes No

Surname Name \_\_\_\_\_

History From Doctor \_\_\_\_\_

The patient Mr/Mrs/Miss

Or in the name of a family member or friend (1)

**I have read the information about the contrast and its possible complications, and my questions have been answered**

**I have decided (Yes No) I give my consent to be injected with contrast**

**I can stop my consent when I want**

In Marbella, \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_

SIGNED:

Dr. \_\_\_\_\_ is responsible for this test. I have informed the patient or his family or friend (directly or through a competent person) about the contrast and its possible risks

In Marbella, \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_

SIGNED:

*1) With the signature of a family member or friend, it has been done because or (the patient is under age or unconscious...)*