



**CT NONCONTRAST WORKSHEET**

PT NAME: \_\_\_\_\_

PT DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

ACCESSION: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**MEDICAL HISTORY:**

Have you ever had:	YES	NO	Explanation:
Gallbladder removed	_____	_____	_____
Appendix removed	_____	_____	_____
Hysterectomy	_____	_____	FULL / PARTIAL (CIRCLE) _____
Cancer	_____	_____	_____
Smoking	_____	_____	_____
Lupus	_____	_____	_____
Diabetes	_____	_____	_____
Sickle Cell Anemia	_____	_____	_____
Diverticulitis/Diverticulosis	_____	_____	_____
Spinal Surgery	_____	_____	_____
Crohns	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TECHNOLOGIST ONLY:**