



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

ENTEROGRAPHY QUESTIONNAIRE

PATIENT I.D.

Your doctor has ordered an Enterography exam. In order to provide optimal analysis of the images, please provide the following information:

- Are you diabetic? Yes No
- Do you have glaucoma? Yes No
- Do you have sensitivity to lactose, glucagon, metoclopramide (Reglan®), or barium? Yes No
- Are you being treated for epilepsy? Yes No
- Are you currently being treated for depression, psychiatric disorders or dementia? Yes No
(If yes, please review contraindicated medication list and notify your physician and imaging staff if you are taking one of these drugs)
- Do you have Pheochromocytoma/Hypertensive crisis? Yes No

What is the reason for this Enterography?

- CROHN'S COLITIS ABDOMINAL PAIN OTHER _____

Do you have a history or currently experiencing any of the following symptoms?

- INTESTINAL BLOCKAGE, OBSTRUCTION, OR FISTULA DIARRHEA
- PERFORATED BOWEL CONSTIPATION
- GASTROINTESTINAL BLEED ABDOMINAL DISTENTION OTHER _____

Have you had any abdominal surgeries? Yes No

Please circle the following bowel surgeries you have had: (Nurse: If any checked, please notify radiologist.)

- SMALL BOWEL RESECTION COLON RESECTION COLOSTOMY
- ILEOSTOMY J POUCH GASTRIC BYPASS
- GASTRIC BANDING OTHER _____

Patient's Name (print) Signature Date Time

Tech / RN Name (print) Signature Date Time Pat. Pick-up Time

Staff Name (print) Signature Date Time

Staff Use Only

Reglan (Metoclopramide) given at: _____ / _____ (wait 20 minutes before first
Volumen) time dose amount

First Volumen® given at: _____ / _____ cc _____ Initial

Second Volumen® given at: _____ / _____ cc _____ Initial

Third Volumen® given at: _____ / _____ cc _____ Initial

Glucagon given at: _____ _____ Initial

Additional comments: (i.e. vomiting, diarrhea, etc.) _____