the ODC
OUTPATIENT DIAGNOSTIC CENTER

Medical Information

Patient Name: _____ **DOB:** _____ **MRN:** _____

Is this visit related to an auto accident? ◯ Yes ◯ No

Is this visit related to an injury sustained while at work? ◯ Yes ◯ No Height: _____ feet _____ inches

Date of Injury: _____/_____/_____ Weight: _____ lbs.

SMOKING STATUS

◯ Current Every Day ◯ Current Some Days ◯ Smoker, current status unknown ◯ Former Smoker ◯ Never smoked ◯ Unknown

ACTIVE MEDICATIONS: ◯ None

◯ ActoPlus Med	◯ Diafomin	◯ Glucovance	◯ Janumet	◯ PrandiMet
◯ Avandamet	◯ Fortamet	◯ Glumetza	◯ Metaglip	◯ Riomet (liquid form of Metformin)
◯ Diabex	◯ Glucophage	◯ Glyburid Met	◯ Metformin	

MEDICAL HISTORY: ◯ None

◯ Aneurysm Clip/ Coil	◯ Breast Implants	◯ Metal in the Body	◯ Previous CT Contrast Reaction
◯ Aneurysm Had Surgery	◯ Cancer	◯ Morphine Pump	◯ Previous MR Contrast Reaction
◯ Aneurysm NO surgery	◯ Diabetes	◯ Pacemaker	
◯ Asthma	◯ Insulin Pump	◯ Parplegic	

ALLERGIES: ◯ None

	MILD	MODERATE	SEVERE		MILD	MODERATE	SEVERE
Adhesive Tape	◯	◯	◯	Latex	◯	◯	◯
Bee Sting	◯	◯	◯	Lidocaine / Novacaine	◯	◯	◯
Betadine (topical Iodine)	◯	◯	◯	Mold	◯	◯	◯
Contrast (Med. Imaging)	◯	◯	◯	Peanut or other nut	◯	◯	◯
Dog, Cat or Animal	◯	◯	◯	Penicillin	◯	◯	◯
Dust	◯	◯	◯	Rubbing Alcohol	◯	◯	◯
Fruit	◯	◯	◯	Shellfish	◯	◯	◯
Grass / Pollen	◯	◯	◯	Sulfa Drug	◯	◯	◯

Mild allergic reactions include hives, itching, nasal congestion, rash and watery eyes

Moderate allergic reactions include cramps, chest tightness, diarrhea, difficulty breathing, difficulty swallowing, dizziness, light headedness, flushing/redness of face,nausea, vomitting, palpitations, swelling of face/eyes/tongue, wheezing, weakness, and unconciousness.

Severe allergic reaction is anaphalytic shock.

Family History: ◯ None

	Cancer	Heart Failure	Asthma	Congenital Heart Disease	Hypertension	Thyroid Disorder	Age at Diagnosis	Age at Death
FATHER	◯	◯	◯	◯	◯	◯		
MOTHER	◯	◯	◯	◯	◯	◯		
SON	◯	◯	◯	◯	◯	◯		
DAUGHTER	◯	◯	◯	◯	◯	◯		
BROTHER	◯	◯	◯	◯	◯	◯		
SISTER	◯	◯	◯	◯	◯	◯		

Patient / Guardian Signature: _____ Date: _____