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  
- Colectomy  
- 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)*  

<table>
<thead>
<tr>
<th>Volumen</th>
<th>time</th>
<th>dose amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Volumen®</td>
<td>/</td>
<td>cc</td>
</tr>
<tr>
<td>Second Volumen®</td>
<td>/</td>
<td>cc</td>
</tr>
<tr>
<td>Third Volumen®</td>
<td>/</td>
<td>cc</td>
</tr>
<tr>
<td>Glucagon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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