Children's Hospital Los ANGELES Department of Radiology/Imaging Services Pre-Scheduling Evaluation Form				
Department of Radiology Phone: 323-361-2411 or 323-361-6111 Imaging Services Department Hotling: 1, 999 MD1 CHI A Fax: 222, 261, 9099				
Physician Referral Hotline: 1-888-MD1-CHLA, Fax: 323-361-8988				
Date:				
Ordering MD (Print name):			_ Pager	/ Phone #:
Requested Exam:				
Dx:				Date Needed by:
Clinical Reason for Exam (r/o may not be used):				
PLEASE SUBMIT SEPARATE DOCTOR'S ORDER (PRES	SCR	IPTI	ON) FO	R THE STUDY BEING REQUESTED
Patient's First Name: Last N	Vam	e: _		
Patient's Date of Birth:/ Patient's Teleph	one	#: _		
Patient Current Weight: Alternate Tel # or email Ac	ddre	ess: _		
Will patient be able to lie completely still for the minimum duration	n of:			
CT Scan for 15 min or MRI or other special procedure for 1 hr? Does patient have Cerebral Palsy or Developmental Delay? Is patient anxious in regard to the study? Has the patient failed sedation at CHLA before? Has the patient had any adverse reaction to any sedation? Any history or current status of any of the following:		No No No No	 Yes Yes Yes Yes 	□ Unknown □ Unknown □ Unknown A □ RSV □ TB □ Chicken Pox □ Herpes
Does the patient have any of the following?			olease ex	plain in the space provided
Any breathing problems while awake or asleep?		No	🛛 Yes	
Current or recent infection (cold/flu/fevers)?		No	🛛 Yes	
Asthma?		No	🛛 Yes	
Sleep apnea?		No	🛛 Yes	
Use of supplemental oxygen awake or asleep?		No	🛛 Yes	
Any heart trouble, hypoplastic heart, etc.		No	🛛 Yes	
If yes, provide Cardiologist's name/phone # & date of last visit/ECHO study:				
Any special breathing equipment? Nasal insufflation, ventilator, CPAP, BIPAP Tracheostomy tube (Shiley / Bovina)		No	□ Yes	
Complex cardiac disease?		No	🛛 Yes	
Decreased cardiac function or a history of cardiac failure?		No	🛛 Yes	
Significant stomach reflux (GERD) or heartburn?		No	🛛 Yes	
Ventriculoperitoneal shunt or raised intracranial pressure	?ロ	No	🛛 Yes	
Has this patient had a CT/MRI before?		No	🛛 Yes	
Has this patient had the CT or MRI with sedation or anesthesia?		No		
THIS SECTION IS TO BE COMPLETED BY ANESTHESIOLOGI	IST	/ NU	RSE PR	ACTITIONER IN RADIOLOGY @ CHLA
PATIENT NEEDS: Awake Deep Sedation or General Anesthe	esia		General A	nesthesia Only 🛛 Cardiac Anesthesia
Completed by: Date of Review:				