



Questionnaire for Computed Tomography (CT)

Patient data

Family name:

First name:

Date of birth:

Personal information ---- to be completed by the staff.

GFR

Kreatinin

TSH

Untersuchungsprotokoll: _____

Strahlenschutz: angeboten angelegt vom Patienten abgelehnt

i.v. Kontrastmittel NEIN JA

Orales Kontrastmittel: **Gastrolux** **Barilux** **Wasser** **Kein**

Voraufnahmen bestellt NEIN JA

Wo? _____

Patient hat Voraufnahmen mitgebracht. NEIN JA

Patient holt Befund / CD ab am: _____ um: _____

Anamnese:

Dear patient,

You have been referred to a diagnostic investigation, so-called computed tomography. We would like to arrange the procedure as comfortable as possible. Please read the following information carefully and answer the questions accurately.

For some steps of the procedure it may be necessary to inject contrast agent into a vein, containing a iodine-consisting solution. Thereof you might perceive a very short sensation of inner warmness, desire to void or a metallic taste. These are normal phenomena within contrastmedia injection. They vanish quickly within a few seconds to minutes.

Very rarely, there may be allergic reactions such as sickness, itching or nausea, which usually subside by themselves. Extremely rare is the appearance of severe reactions of cardio - vascular system, swelling in the throat, respiratory distress, which make a drug and / or inpatient treatment necessary.

As with any venepuncture, swelling and irritation at the location of the injection are possible.

In case of examinations of your stomach (abdomen): it might be necessary to drink a certain liquid over a period of time in order to easily distinguish the intestinal loops. In rare cases, this might give rise to laxative effect during the following day.



Please answer the following questions carefully (please check one):

Are there any previous radiological examinations of the currently interesting region?
(e.g. x-ray, CT, magnetic resonance tomography) no yes

If so, when and where? _____

Have you had surgery in the region that will be examined now? no yes

If so, when and where? _____

Did you do ever undergo a medical treatment because of a malignant disease? no yes

If so, which part of the body has been affected: _____

Your Weight: _____ kg

Your Height: _____ cm

Questions concerning the injection of contrast agent:

Are there any allergies of yours known to you? no yes
If so, which ones? _____

Did you ever had an injection with contrast agent? no yes

Which part of the body has been investigated? _____

Do you have a hypersensitivity against contrast agent? no yes

Do you have a disease of the thyroid gland? no yes

Do you suffer from kidney disease or reduced kidney function? no yes

Do you suffer from diabetes? no yes

Are there other concerns towards contrast agent? no yes

Are you pregnant? no yes



Do you have any question?

For further question don't hesitate to ask our staff – We're here to help.

I agree to an administration of contrast agent if needed. yes no

I agree to an electronic archiving (storage) of the questionnaire yes no

I agree that the findings and images are conveyed to my attending physicians or hospitals or medical practices. yes no

I have no further questions and I agree with the investigation. yes no

Date: _____

signature patient: _____

Date: _____

signature physician: _____