



Questionnaire for Computed Tomography (CT)

Patient data

Family name:

First name:

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

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 warmth, 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 venipuncture 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 do ever undergo a medical treatment because of a malignant disease?
 no yes

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

Questions concerning the injection of contrast agent

1. Are there any allergies of yours known to you? no yes

If so, which ones? _____

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

3. Which part of the body has been investigated? _____

4. Do you have a hypersensitivity against contrast agent? no yes

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

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

7. Do you suffer from diabetes? no yes

8. Are there other concerns towards contrast agent? no yes

For women - are you pregnant? no yes

Are you breastfeeding? no yes

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 und 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:** _____