



QUESTIONNAIRE FOR COMPUTERTOMOGRAPHY (CT)

Please hand this questionnaire, completely filled in, to a staff member before the examination starts.

First name:

Last name:

Date of birth:

Computertomography (CT) works with x-ray technique which makes appropriate radiation protection necessary.

Depending on your clinical condition, the **application of intravenous contrast medium** (via peripheral vein) might be important. Abdominal examinations may require **drinking or rectal application of contrast medium**.

CT contrast media can – in very rare cases – cause severe allergic reactions. Existing hyperthyroidism or renal dysfunction can be worsened by the application of contrast media.

In order to perform the examination properly we kindly ask you to answer the following questions correctly:

1. Body weight _____ kg , Height _____ cm
2. Are you pregnant? If yes, in which week of pregnancy? yes no
If yes, please contact our staff at the registration desk immediately!
The form then does **not** need to be filled in any further.
3. Are you breastfeeding? yes no
4. Are you aware of any renal dysfunction? yes no
5. Do you have any allergies to medications, drugs or certain foods?
If yes, which? yes no
6. Have you ever had iodine contrast medium before? yes no
Did you experience any intolerance to contrast medium? yes no
(If you have never received contrast media before, please check "no".)
7. Do you suffer from Diabetes mellitus? yes no
Do you take the drug „Metformin“? yes no
8. Do you have an hyperactive thyroid (hyperthyroidism)? yes no
9. Do you have an X-ray record? yes no
If the doctor deems it necessary:
- 10.a Do you consent to **intravenous** application of an x-ray contrast medium? yes no
- 10.b If necessary (only for certain abdominal examinations), do you agree to **rectal** application of a of a contrast medium? yes no
11. Would you like to receive an image data set on CD-ROM **for your own use** ? yes no
(Extra charge for material costs EUR 3,--)

If you have external images (e.g. on CD-ROM) with you, please hand them in at the registration desk **before your examination**, so that a comparison is possible if necessary. They will be returned to you afterwards.

Release from the duty of medical confidentiality and consent of the inspection and evaluation of formerly archived data or images taken at other facilities:

I agree that all doctors belonging to the IBID are allowed to inspect my images and medical or radiological reports. I also agree that the images and results of my examinations may be forwarded to other doctors who are involved in my medical investigation or treatment.

yes no

Telephone or mobile number for urgent queries:

Place, date

Signature: