DIAGNOSE ZENTRUM BRIGITTENAU

CT

[Patientenname], [Geb.datum]

[redacted]

In order to determine possible side effects, we kindly request to **answer the following questions**:

Weight: ……kg **Height: ……cm**	
Do you have a cardiac pacemaker?	☐ yes ☐ no
Have you ever undergone any of the following examinations?	
• Kindey X-Ray (i.V. urography)	☐ yes ☐ no
• Depiction of the leg veins (phlebography)	☐ yes ☐ no
• Blood vessel X-Ray (angiography/cardangiography)	☐ yes ☐ no
• Computed Tomography Scan (CT)	☐ yes ☐ no
Did you experience any adverse reactions after the administration of the contrast medium?	☐ yes ☐ no
• Nausea / vomiting/ gagging	☐ yes ☐ no
• Asthma attack/ shortness of breath (dyspnoea)	☐ yes ☐ no
• Skin rash	☐ yes ☐ no
• Seizures, unconsciousness	☐ yes ☐ no
• Chills	☐ yes ☐ no
• Others: ……..……..……	
Have you been diagnosed with any of the following diseases?	
• HIV or Hepatitis C	☐ yes ☐ no
• Asthma?	☐ yes ☐ no
• Allergies requiring treatment?	☐ yes ☐ no
• Of the heart?	☐ yes ☐ no
• Of the kindeys / adrenal gland?	☐ yes ☐ no
• Of the thyroid?	☐ yes ☐ no
• Kahler's disease (multiple myeloma)?	☐ yes ☐ no
• Diabetes?	☐ yes ☐ no
• Which medications are you taking for the conditions mentioned above? ……..……..……..……..……..……..……..……	
• Medications containing metformin should be discontinued 48 hours before the examination.	
• Calcium antagonists' should be discontinued 72 hours before the examination, after consulting with the treating physician."	
For female patients:	
Is there a possibility that you might be pregnant?	☐ yes ☐ no
Are you currently breastfeeding?	☐ yes ☐ no

I confirm that I have read and understand the text and that I have answered the questions concerning my person to the best of my knowledge. My questions have been adequately answered during a personal conversation. **I consent to the conduct of the proposed examination.**

Date

Signature of the patient or legal guardian

DIAGNOSE ZENTRUM BRIGITTENAU

CT

[Patientenname], [Geb.datum]

[redacted]

Initial examination?	☐ yes ☐ no
• Therapy since the last examination: ……..…….……..……	☐ yes ☐ no
• Previous findings available?	☐ yes ☐ no
• Have previous images been uploaded?	☐ yes ☐ no
Trauma? when ……..…… what ……..……	☐ yes ☐ no
Tumor? ☐ operated on …….	☐ yes ☐ no
Therapy? ☐ chemo ……..... ☐ immuno …….. ☐ hormone …… ☐ radiation ……. ☐ antibody ……..... ☐ other …….....	☐ yes ☐ no
Have you had kidney or adrenal surgery? ☐ cyst……... ☐ dialysis…….. ☐ double kidney…… ☐ stone……. ☐ insufficient……. ☐ micro/macrohematuria……	☐ yes ☐ no
Heart surgery? ☐ Stent ☐ Bypass ☐ Pacemaker	☐ yes ☐ no
Have you had thyroid surgery? ☐ hashimoto ……. ☐ resection ……. ☐ partialresection … ☐ adenom ……. ☐ struma ……. ☐ euthyrox …… ☐ thiamazol ……. ☐ thyrex ……. ☐ Others. …….....	☐ yes ☐ no
Do you smoke? How many? ……..…… When did you stop? ……..……	☐ yes ☐ no
Appendectomy	☐ yes ☐ no
Cholecystectomy	☐ yes ☐ no
Hysterectomy	☐ yes ☐ no
Oophorectomy	☐ yes ☐ no
Prostatectomy	☐ yes ☐ no

Vom DZB auszufüllen:

Unterschrift Arzt/Ärztin

Unterschrift MTD

Blutbefund: Krea: ..... ml/dl GFR: ..... TSH: ..... µU/ml

Datum Blutbefund: .....

KM-Allergie ☐ Ja ☐ Nein Prophylaxe: .....

Venflon: ☐ Ja ☐ Nein gelegt von: .....

KM: .....

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CT

[Patientenname], [Geb.datum]

[redacted]

Heart	
Chestpain	☐ yes ☐ no
Shortness of breath	☐ yes ☐ no
Palpitations	☐ yes ☐ no
High blood pressure	☐ yes ☐ no
Heart attack	☐ yes ☐ no
Heart arrhythmias	☐ yes ☐ no
Heart valva defect	☐ yes ☐ no
Lipid metabolism disorder	☐ yes ☐ no
Any other known heart diseases? Specify ……..……..……....	☐ yes ☐ no
Any known heart-/ vascular diseases in the family? Who? ……..….....	☐ yes ☐ no
Operation	
Heart surgery? If yes, specify ……..……..……..…….....	☐ yes ☐ no
Heart implants? If yes, specify ……..……..……..……..	☐ yes ☐ no
Heart catheter? If yes, specify ……..……..……..……...	☐ yes ☐ no

Please hand this form to the imaging personnel before the examination

Uhrzeit	RR	Puls

Unterschrift Arzt/Ärztin

Unterschrift MTD

Blutbefund: Krea: ..... ml/dl GFR: ..... TSH: ..... µU/ml

Datum Blutbefund: .....

KM-Allergie ☐ Ja ☐ Nein Prophylaxe: .....

Venflon: ☐ Ja ☐ Nein gelegt von: .....

KM: .....