



Information and Consent Computer tomography (CT)

We welcome you to our practice and ask you to fill out this questionnaire to the best of your knowledge. Please mark with a cross where applicable. **Please hand in any documents you may have brought with you for preliminary examinations at the registration desk. These will be returned to you after the examination.** You can discuss any open questions with the assistants or the doctor before the examination.

| | |
|------------------------|--|
| Name, first name | Date of birth |
| Address | |
| E-mail | Phone |
| Health insurance | KVB I-III <input type="checkbox"/> KVB IV <input type="checkbox"/> Post B <input type="checkbox"/> Beihilfe <input type="checkbox"/> |
| Primary care physician | |

Have you ever had a Computer tomography of the current examination area?

☐ Unknown ☐ Yes ☐ No

Where? When? Were there any problems? ☐ Yes ☐ No

Hyperthyroidism / Thyroid Node?

☐ Unknown ☐ Yes ☐ No

Are you taking thyroid medication? If yes, which ones?

Diabetes ☐ No ☐ Yes Which medication?

☐ **Kidney diseases** ☐ **Dialysis** ☐ **Allergies** ☐ **Plasmocytoma**

Is there an **intolerance to contrast media (iodine allergy)?** ☐ Unknown ☐ Yes ☐ No

To make the examination more meaningful, it is often necessary to administer a diagnostic contrast medium. **If necessary, do you agree to the administration of a diagnostic contrast medium? (oral/intravenously)** ☐ Yes ☐ No

Could you be **pregnant** or do you breastfeed at the time? ☐ Yes ☐ No
If you are UNSURE please tell the front office employees.

Body size in cm **Bodyweight** in kg

Is there currently or have been tumour illness known in your case? ☐ Yes ☐ No

If so, which ones?

Do you know if you have any infectious diseases? (HIV, Hepatitis, MRSA, TBC) ☐ Yes ☐ No

Which doctor other than the referring doctor shall receive the report?

Dr.

Are we allowed to order and view any previous diagnostic reports/images/ laboratory values from other doctors? ☐ Yes ☐ No

Are we allowed to send medical report/images to your treating doctors at their request? ☐ Yes ☐ No

The consent is given for an indefinite period and can be cancelled by you in written form at any time.

Declaration of consent: I have no further questions and herewith give my consent to the planned examination after sufficient time of reflection.

Place, Date, Time Signature of the Patient¹, legal representative²

Signature of the doctor Data accepted:

Do you like to receive a copy of this document? ☐ Yes ☐ No Copy Received:
Signature of the patient

Please keep the questionnaire until your examination begins.

Please take care of your wardrobe, as the clinic cannot assume any responsibility for it.

¹ In addition, underage persons or assisted adults should sign if they are informed about the procedure.
² In principle both parents should sign. If only one parent has signed, the person who has signed assures that he or she is acting in agreement with the other parent or that he or she has the exclusive custody of the child.