



Information and Consent Sonography

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				

Has **the same examination** been performed before? ☐ Yes ☐ No

At which place?	At which time?
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Body size in cm	Bodyweight in kg
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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.

You have read and understood the explanations on sonography on the backside and give us your consent.



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 Patient ¹ , legal representative ²
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Signature of the doctor	Data accepted:
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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.

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.



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Dear patient,

you are to undergo a sonography (sub-ultrasound examination) today. Please read the information carefully.

Sonography is a method of examination that uses harmless sound waves to produce images of the inside of the body.

The ultrasound generated waves in a so-called transducer, which is placed on the skin surface of the body region to be examined.

The sound waves reaching the inside of the body are reflected differently depending on the type of tissue, thickness and density (e.g. liver, gall bladder) and then returned to the transducer. In the device, the measurement data is then converted into a two-dimensional image that immediately appears on the screen.

Application

In principle, all regions of the body can be examined with varying significance and value. However, the main areas of application are:

Imaging of the internal organs such as liver, spleen, gall bladder, pancreas and kidneys as well as lymph nodes.

Examination procedure

For the ultrasound examination, you will usually lie comfortably on your back. The doctor applies gel to the transducer and to your skin. In order to produce the best possible examination results, the transducer is moved over the skin and angled in different ways to view the organs from different angles. Depending on the question, the examination can take between 5 and 20 minutes. We discuss the results with you directly after the examination.

Additional examinations

Sonography is a very informative imaging procedure. In some cases, however, further additional examination methods might be necessary, such as computer tomography (ct), magnetic resonance imaging (mri), mammography, scintigraphy.

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