



## Questionnaire Computed Tomography (CT)

To be able to evaluate your potentially increased risk, we ask that you kindly answer the following questions.

Name of patient				
Date of birth	Room Nr.	Weight (kg)	Height (cm)	Krea/GFR

Have you ever undergone any of the following examinations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney X-rays (i.v. urography)	<input type="checkbox"/>	<input type="checkbox"/>
Computed tomography scan (CT)	<input type="checkbox"/>	<input type="checkbox"/>
Depiction of the leg veins (phlebography)	<input type="checkbox"/>	<input type="checkbox"/>
Blood vessel X-rays (angiography/cardangiography)	<input type="checkbox"/>	<input type="checkbox"/>

Did you experience any adverse reactions after the administration of contrast medium?	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting/gagging	<input type="checkbox"/>	<input type="checkbox"/>
Asthma attack/dyspnoea	<input type="checkbox"/>	<input type="checkbox"/>
Skin rash	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>

Have you been diagnosed with any of the following diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Of the heart	<input type="checkbox"/>	<input type="checkbox"/>
Of the kidneys/adrenal gland	<input type="checkbox"/>	<input type="checkbox"/>
Of the thyroid Is surgery of the thyroid gland scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes If yes, what kind of medication?	<input type="checkbox"/>	<input type="checkbox"/>
Kahler's disease (multiple myeloma)	<input type="checkbox"/>	<input type="checkbox"/>

Do you suffer from claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to receive an injection with a contrast medium.	<input type="checkbox"/>	<input type="checkbox"/>
For female patients: Is there a possibility that you might be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

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

Date/time	Patient's signature or legal guardian's signature	Physician's name and signature	Med. tech. employee's name and signature
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