



Questionnaire Myocardial Perfusion Imaging

Would you please hand this form to the assistant before the examination.

Name of patient			
Date of Birth	Height (cm)	Weight (kg)	MTD
Do you take any medication for the heart? Which?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you smoke?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have high blood pressure?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a stroke? When?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you diabetic?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you suffer from bronchial asthma or COPD? Medication?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a myocardial infarction? When?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Surgery?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family anamnesis?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had dysrhythmia? When?			Yes <input type="checkbox"/> No <input type="checkbox"/>
When was the last time you had something to eat?			
For female patients: Is there a possibility that you might be pregnant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
I hereby consent to an intravenous injection of a radioactive substance.			Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that I have answered the questions concerning my person to the best of my knowledge. I have been informed about the myocardial perfusion scintigraphy and the therefore needed injection of a radioactive substance. I consent to the conduct of the proposed myocardial perfusion scan. 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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Ärztliche Anamnese		
Aktivität Stress	MBq	Uhrzeit
Aktivität Rest	MBq	Uhrzeit
Charge		