



Anamnesis (medical history)

Patientenaufkleber

To ensure the examination progresses smoothly, we kindly request you answer the following Questions:

- Do you have implants with the following devices?** ☐ yes ☐ no
- Heart- Pacemaker? ☐ yes ☐ no
- Neuro- Stimulator? ☐ yes ☐ no
- Insulin Pump? ☐ yes ☐ no
- Inner ear prosthesis (cochlea implant)? ☐ yes ☐ no
- Other bio- electrical implants? ☐ yes ☐ no
- Do you wear a hearing aid?** ☐ yes ☐ no
- Do you wear vascular supports e.g. stents or vascular clips?** ☐ yes ☐ no
- If yes, since when? _____
- Do you have an artificial heart valve?** ☐ yes ☐ no
- Do you have tattoos, piercing or permanent makeup on your body?** ☐ yes ☐ no
- Do you have a medication plaster?** ☐ yes ☐ no
- Do you have any metal parts in your body, e.g. metal/shrapnel, surgical nails, metal plates after an operation on a fractured bone, joint prostheses?** ☐ yes ☐ no
- Do you have dentures?** ☐ yes ☐ no
- Have you already been operated on in the region of the body we wish to examine today?** ☐ yes ☐ no
- Have you undergone heart, head or eye surgery?** ☐ yes ☐ no
- For women- are you pregnant?** ☐ yes ☐ no
- Do you suffer from allergies or asthma (hay fever, foods, medicines (e.g. iodine or similar))?** ☐ yes ☐ no
- Do you suffer from a restricted kidney function?** ☐ yes ☐ no
- Do you agree to an administration of contrast medium?** ☐ yes ☐ no
- What is your current body weight?** _____
- Do you suffer from claustrophobia?** ☐ yes ☐ no

Important: Before the examination, you need to remove all metal objects. These include hair Slides, removable dentures, jewelry, glasses, keys, watches, hearing aids, mobile phones and bank or credit cards

I would like to receive a copy of this information sheet ☐ yes ☐ no

I hereby give my consent to report transfer of my current research data to the referring physician ☐ yes ☐ no

X

Date, Signature (If a minor, signature of parent or guardian)