COMPUTER TOMOGRAPHY (CT)



Anamnesis (medical history)

Patient Name

Your examination may require intravenous application of a contrast medium containing iodine. Contrast media are generally well tolerated, but in rare cases allergic reactions may occur (i.e. skin rash, nausea, circulatory or respiratory problems, up to anaphylactic shock). To reduce the risk of an adverse reaction as much as possible, we kindly ask you to answer the following questions:

| Have you ever had an X-ray/CT examination requiring the intravenous application of a contrast medium? | O Yes | O No |
|---|------------|-----------|
| If so, has the contrast medium been well tolerated (i.e. no adverse effects)? | O Yes | O No |
| In case of an adverse reaction, what were your symptoms? | | |
| Do you suffer from allergies (hay fever, foods, medicine (e.g. iodine or similar)) | | |
| If so, what are you allergic to? | | |
| Do you suffer from asthma? | O Yes | O No |
| Do you suffer from a thyroid disorder? | O Yes | O No |
| If so, what thyroid medication are you taking? | | |
| Do you suffer from restricted kidney function? | O Yes | O No |
| Do you suffer from diabetes? | O Yes | O No |
| If so, are you currently taking Metformin or any Metformin-containing products? | O Yes | O No |
| Have you discontinued Metformin or the Metformin-containing product? | O Yes | O No |
| Have you been diagnosed with plasmacytoma (multiple myeloma)? | O Yes | O No |
| Do you suffer from an infectious disease (e.g. Hepatitis, HIV/AIDS etc.)? | O Yes | O No |
| For women: Are you pregnant? | O Yes | O No |
| Have you abstained from eating or drinking for at least 3 hours prior to the examination? | O Yes | O No |
| What is your current body weight? | | |
| If you have any questions, please speak with the physician before you sign this I hereby confirm that I have been informed about the use and possible risks of a and I consent to the possible use of a contrast medium in the present example. | ontrast | media, |
| I would like to receive a copy of this document | | |
| Alsdorf/Eschweiler/Würselen, | | |
| × | | |
| Signature of physician Signature (if a minor, signature of p | arent or g | guardian) |

RADIOLOGIE AACHEN LAND