

Patient questionnaire for computed tomography (CT)

Dear patient!

We kindly ask you to read the following text and then answer the subsequent questions. This form provides basic information. If you have any further questions, please contact the staff.

What is computed tomography?

Computed tomography (CT) is a specialized X-ray examination that creates cross-sectional images of the body. This allows for important information about the location of lesions. This is often crucial for further treatment.

How does the examination proceed?

The examination takes about 5 to 10 minutes. In the examination room, you will be positioned on a special table that moves through the opening of the CT scanner. It is especially important that you remain still, avoid movements, and follow the breathing instructions carefully. You will be under the supervision of specialized staff throughout the entire examination.

Why contrast agents?

Depending on the examination, it may be necessary for a contrast agent to be injected into a vein in your arm. This may be required to visualize certain organs and anatomical structures and help identify pathological changes. The contrast agent can enhance the diagnostic quality of some examinations.

Are there contraindications?

At the injection site, there may be pain, bruising, and very rarely an infection, similar to any injection. A known reaction to contrast agents can include a feeling of warmth during the injection or a bitter taste in the mouth. After the administration of the contrast agent, adverse reactions can also occur: rarely, there may be a slight drop in blood pressure, leading to mild discomfort, as well as nausea or pain. Very rarely, severe side effects such as shortness of breath, sudden blood pressure drop, heart rhythm disturbances, or cramps may occur. Occasionally, during the infusion of the contrast agent into the vein, there may be leakage at the injection site in the arm. This can lead to painful swelling that may last for days and might require treatment. If you experience pain and swelling in your arm during the infusion of the contrast agent, please notify the staff immediately during the examination. Scientific studies* show that approximately 97% of patients tolerate contrast agents well. The incidence of severe side effects is estimated to be 0.04%. As with nearly any medically necessary diagnostic procedure, a life-threatening complication is possible but extremely unlikely. Therefore, the risk of the examination is very low compared to the benefits obtained. If side effects do occur, medical assistance is readily available.

To better assess any potentially increased risk for contrast medium reactions, we kindly ask you to answer the questions on the reverse side by marking the appropriate boxes.

If you have any uncertainties in answering the questions listed on the reverse side, please discuss them with the medical technical assistant (MTD) or the doctor.

* KATAYAMA-Studie, Bericht über die Sicherheit von Kontrastmitteln an Hand von 300.000 Fällen (Radiology 1990, 175, S. 621 – 628)

Patient name:

Date of birth:

1.) **Height:** _____cm **Weight:** _____kg

Annotations

2.) **For women:** Are you pregnant? No Yes
Are you currently breastfeeding? No Yes

3.) **Have you ever received a contrast medium before?** No Yes

4.) **Where there any complications during the application of the contrast medium? If yes, which ones?** No Yes

• nausea / vomiting No Yes

• breathing trouble No Yes

• skin irritations No Yes

• seizure / unconsciousness No Yes

5.) **Have you any known illnesses of the following regions ...**

• kidneys? No Yes

• thyroid? No Yes

• infectious disease (AIDS, hepatitis, tuberculosis)? No Yes

6.) **Do you have a pacemaker?** No Yes

7.) **Do you have a stent and/or bypass?** No Yes

8.) **Has the area to be examined already been operated on?** No Yes

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I confirm that I have read and understood this text and have answered the questions concerning me to the best of my knowledge. As part of the treatment contract, I am obliged to cooperate positively. I consent to the proposed CT examination. Any additional questions have been sufficiently addressed in a personal discussion.



_____ signature patient

_____ MTD/RT

Horn, on the _____

Annotations to the anamnesis interview:

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