

Last Name: ..... First name: .....

Date of birth: ..... Weight: ..... kg

**Patient information Computed tomography (CT)**

Dear Patient

Your attending physician has registered you for a computed tomography (CT). Before the examination can be performed, we ask that you carefully read the following information and fill out the questionnaire at the end.

**CT examination**

Computed tomography (CT) is a diagnostic procedure, during which the region of the body to be examined is radiographed with a narrowed bundle of x-rays, which rotate around the body. The exposure to radiation is kept to a minimum. Images can be produced in all planes with the help of computer-assisted post processing. It may be necessary to inject contrast medium into a blood vessel to make the examination more reliable.

**Conducting the examination**

The examination takes a maximum of 30 minutes. During the individual recording times, which each take only a few seconds, the bed that you are lying on moves forward. Keep quiet and relaxed. Please do not move, since movements lead to poor image quality and the reliability of the examination will be affected. If necessary, you will be asked to breathe. Our staff hears and sees you at all time. Just say something, if there are any problems. If a contrast medium is injected during the examination, it is important that you drink a lot on this day to accelerate the excretion of the contrast medium.

**I hereby acknowledge that my images may be assessed by other physicians, if necessary.**

	Yes	No
Do you know that you are allergic to a contrast medium and/or iodine?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any complaints during previous examinations with contrast media? such as circulatory reactions, skin rash or other?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which ones?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other allergies or drug intolerances?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a renal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a thyroid disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have glaucoma?	<input type="checkbox"/>	<input type="checkbox"/>
The following applies to women: Could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
If you have any questions, please contact the radiology team.		

**I have understood and have answered the questions correctly.**

Date: ..... Signature: .....

**To be filled out by the medical personnel:**

Kreatinin: ..... Clearance: ..... Visum MTRA: .....

CT FRAGEBOGEN ENGLISCH