

RADIOLOGIE
BADEN-BADEN

Pat. no: _____
CT examination.: _____
Date of examination: _____

IV injection	Yes	No
Administered by		
CT performed by		
KM:	NACL:	
Physician:	Factor:	

Last name: _____ First name: _____

Date of birth: _____ Insurance: _____

ZIP code/place of residence: _____ Street: _____

Phone: _____ Findings forwarded to: _____

Are you taking any medicine? Please underline / fill in where applicable. Pain relievers (analgesics), anticoagulants (e.g., Phenprocoumon, aspirin), sleeping pills (hypnotics), laxatives, birth control pills

Yes	No

or: _____

Complaints: _____

Are you aware or are there signs that you might be suffering or were suffering from disorders of any of the following organs?

Yes	No

Please underline / fill in where applicable.

Circulation: High blood pressure, shortness of breath when climbing stairs

Yes	No

or: _____

Allergies: (e.g., hay fever, asthma) or intolerance to food, medication, plaster, latex (please submit your allergy certificate if you have one)

Yes	No

or: _____

Kidney: Kidney stones, kidney inflammation, dialysis, high creatinine or uric acid

Yes	No

or _____

Thyroid gland: Over- or underactive, goiter, thyroid surgery

Yes	No

or _____

Metabolism: Diabetes. If yes, do you take oral metformin-containing anti-diabetics (tablets)?

Yes	No

Which ones: _____

Heart: Severe cardiac limitations?

Yes	No

Blood coagulation: Frequent nosebleeds, bruising even without injury, coagulation disorder?

Yes	No

Do you suffer from an **infectious blood disease** (e.g., HIV, Hepatitis)? If yes, which one?

Yes	No

For women of childbearing age: Could you be pregnant?

Yes	No

Did you have complaints after previous contrast media examinations?

Yes	No

If yes, which ones? _____

Have you ever had a computed tomography scan before?

Yes	No

If yes, when and where? _____

Overactive thyroid function and impaired kidney function may worsen.

The following are among the things explained to me in a comprehensive pre-operation discussion with

Dr. _____:

Choice of the procedure, advantages and disadvantages compared to other methods, possible complications, risk-increasing peculiarities, possible side-effects, and follow-up procedures in case of allergic reactions. My questions were answered fully and comprehensively.

Planned date for the CT scan: _____ I do not need any additional consideration time.

Declaration of consent: After careful consideration, I consent to the CT scan of (body region) and, if necessary, the administration of contrast agents. I agree to any necessary complementary and follow-up interventions.

Until further notice, I hereby consent that my treating physicians obtain findings from other service providers and forward findings obtained from me to other attending physicians in accordance with § 73 (1b) of Social Code Volume V. A copy of this consent form will be granted to you on request.

A copy of this medical history will be granted to you on request.

Baden-Baden, date _____

Signature of the doctor

Signature of the patient/caretaker/guardian