

Contrast medium questionnaire

<u>Name:</u> <u>Height:</u> <u>Weight:</u> <u>Date of Birth:</u> <u>Phone Number:</u>	<u>Kreatinin</u> (To be filled in by the staff)	<u>TSH</u> (To be filled in by the staff)
Do you have an iodine allergy?	O Yes	O No
Do you have hay fever or asthma?	O Yes	O No
Do you have a hypersensitivity to medicines, foods or similar?	O Yes	O No
Are you or have you been a smoker? If Yes: <input type="radio"/> Cigarettes <input type="radio"/> E-Cigarettes How long and How much?	O Yes	O No
Did you ever experience any adverse reactions after the administration of contrast medium previously? If yes, which one? (Nausea, Skin rash, Dispnoea, ...)	O Yes	O No
Do you suffer from a thyroid disorder? If yes, which one and which medication are you taking for it?	O Yes	O No
Do you suffer from any infectious diseases? (Hepatitis, HIV, Aids)	O Yes	O No
Do you have any heart disease? (High blood pressure, heart defect, ...)	O Yes	O No
Do you have any kidney diseases (kidney stones, dialysis, high creatinine or uric acid levels)?	O Yes	O No
Have you had any surgeries or cancer before? If yes, which ones? Do you have Stents?	O Yes	O No
Do you suffer from diabetes? If yes, how is it treated: <input type="radio"/> Pills <input type="radio"/> Injections <input type="radio"/> Diet	O Yes	O No
<u>For women:</u> Is there any possibility of pregnancy?	O Yes	O No
<p>The contrast media we use for intravenous injection are generally well tolerated. You should drink plenty of water after an examination with contrast medium. This promotes the excretion of the contrast medium. If you have any further questions about possible risks and side effects, please ask the examining physician.</p> <p>If you do NOT want to be called by name, please contact the reception.</p>		
I agree with the conduct of the examination.	O Yes	O No
I agree to the transfer of information to the referring physician.	O Yes	O No
I agree to intravenous contrast medium injection.	O Yes	O No
Are you vaccinated against Covid-19? If yes, when?	O Yes	O No
Do you currently have a Coronavirus infection or a febrile infection?	O Yes	O No

Date/Signature (Patient/Legal Guardian):

Doctor:

We take the protection of your data very seriously and comply with the Data Protection Regulation (DSVO), which is displayed in our waiting room for your information.