Name & First Name: _____ Date of Birth: _____

Weight: _____ Mobile Number: _____

Creatine value: _____

No admission for pacemaker patients!

Please mark with a cross where applicable:

Do you **have a pacemaker?**	Yes □	No □
Do you have a medication pump or a stimulation probe?	Yes □	No □
Do you have metal, prosthetic devices, magnets, movable metal fragments, or vascular clips in your body?	Yes □	No □
Have you had heart or head surgery? If so, when?:	Yes □	No □
Have you had arthroscopy (e.g., on the knee)? If so, when?:	Yes □	No □
Do you have or have you had a malignant disease? If so, what/when?:	Yes □	No □
Do you have any infectious disease (Hepatitis, HIV, or other)?	Yes □	No □
Do you have a tattoo, piercing, or permanent makeup?	Yes □	No □
Do you have a known allergy (hypersensitivity)?	Yes □	No □
Do you suffer from bronchial asthma or kidney disorders?	Yes □	No □
For women: Are you pregnant?	Yes □	No □

I feel fully informed.	Yes □	No □
I consent to be examined.	Yes □	No □
I consent to the administration of a contrast.	Yes □	No □
I agree that my referring physician may receive information about my findings.	Yes □	No □
Have you been vaccinated against corona? If yes, with what? _____	Yes □	No □
Do you have a febrile infection or Corona infection?	Yes □	No □

According to § 630e (2) sentence 2 of the German Civil Code (BGB), you are entitled to a copy of this **information sheet**. If you would like this, please contact the examining assistant.

If you do **not** wish to be called by name, please contact the reception.

We take the protection of your personal information very seriously and adhere to the Data Protection Regulation (DSVO). It is displayed in our waiting room for you to read.

What physical complaints do you have?

_____

_____

_____

……..... .....

Date/Signature (Patient/Legal Guardian) Signature Physician