

# MVZ St. Marien Amberg, Praxis für Radiologie

Facharzt für Diagn. Radiologie, Mariahilfbergweg 7, 92224 Amberg  
Tel. 09621 – 384080, Fax 09621 – 384144

## Questionnaire for the Computertomography

Patient's name

Date of birth

Please answer conscientiously the following questions that apply to the patient. This will help us to recognize and prevent possible risks. Doctor or nursing staff will be pleased to assist you in completing the questionnaire. Please mark answers with a cross, underline it or add information in the appropriate area.

1. Which complaints do you have in the region we will examine?

\_\_\_\_\_

Since when? \_\_\_\_\_

2. Is it because of an accident or perhaps because of the consequences of it? ☐ No ☐ Yes

3. Do you suffer from chronic diseases or does anybody in your family? ☐ No ☐ Yes

4. Have you ever had a surgery? ☐ No ☐ Yes

If yes, kind and year of the surgery:

\_\_\_\_\_

5. Have you ever had surgery because of a tumor? ☐ No ☐ Yes

If yes, kind and year of the surgery:

\_\_\_\_\_

6. Is there any history of malfunctions of the kidneys? ☐ No ☐ Yes

**Please turn around →**

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7. Do you have to take medication regularly? ☐ No ☐ Yes  
(thyroid tablets, diabetes or hypertension?)

If yes, which? \_\_\_\_\_

8. Do you have any allergies? ☐ No ☐ Yes  
If yes, what kind? \_\_\_\_\_

Do you have any **iodine allergy**? ☐ No ☐ Yes

9. Do you suffer from HIV or hepatitis? ☐ No ☐ Yes

10. Did you ever get a CT-Scan with a contrast agent? ☐ No ☐ Yes

If yes, did you have any allergic reactions? \_\_\_\_\_

11. your weight: \_\_\_\_\_ kg your height: \_\_\_\_\_ m

12. Please tell us your phone number \_\_\_\_\_

13. Who is your family doctor? \_\_\_\_\_

14. **For women:** Could you be pregnant? ☐ No ☐ Yes

### Consent

I have read and answered conscientiously the questions. I agree to the examination and I received counselling about the treatment with contrast solution and I agree for procedures.

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Place, date

Signature