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Patient information sheet for CT (Computertomography)

Last name: _____ First name: _____ Date of birth: _____
 Height: _____ Weight: _____ Phone: _____

Pre-recordings of the examination region? ☐ Yes: _____ ☐ No
 If, please submit at reception.

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Allergy or hypersensitivity ☐ Drugs ☐ Contrast media ☐ Others _____ | ☐ | ☐ |
| • Previous contrast media reaction: _____ | ☐ | ☐ |
| • Renal / liver diseases: _____ | ☐ | ☐ |
| • Do you suffer from a hyperthyroidism or hot thyroid nodule? _____ | ☐ | ☐ |
| • Do you suffer from Diabetes (High blood sugar)? _____ | ☐ | ☐ |
| • If, what medication are you taking? _____ | ☐ | ☐ |
| • Infectious diseases ☐ HIV ☐ Hepatitis ☐ Tuberculosis ☐ Others _____ | ☐ | ☐ |
| • Cancer/Tumors: Which: _____ | ☐ | ☐ |
| • Tumor therapy? ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy | ☐ | ☐ |
| • Have you had any heart or head surgery? Other surgery: _____ | ☐ | ☐ |
| • Chronic diseases: _____ | ☐ | ☐ |
| • Women of childbearing potential: you might be pregnant? | ☐ | ☐ |
| • Currently breastfeeding? | ☐ | ☐ |
| • Claustrophobia | ☐ | ☐ |
| • Medication : _____ | ☐ | ☐ |

Reason for examination: _____

Declaration of consent: I have read and understood the information sheet and truthfully completed the questionnaire. I am fully informed and informed about the planned examination, possible risks and complications. I have carefully considered my consent and do not need any further deliberation. I consent to the examination. I agree to a possible examination with contrast media.

Data processing: I agree that my preliminary findings and recordings may be requested, taking into account the respective data protection regulations. According to § 73 Abs. 1b SGB V, I consent that my attending or consulting physicians receive a report. Images and findings may be forwarded to me or attending doctors by letter, fax, hybrid delivery by e-mail, referring portal or secure email. According to the DSGVO, I consent to the storage and further processing of my data in the context of image evaluation, reporting and distribution of reports. For reasons of environmental protection, I do not need a copy of the information sheet.

Place and date	Patient (legal guardian/carer)	Doctor

Only in the case of refusal:

Patient (legal guardian/carer)

Patient information sheet for CT (Computertomography)

Dear patient, dear parents,

you or your child will have an CT examination. Please read the information sheet carefully. Computertomography (CT) is a modern x-ray examination. With the help of x-rays will be cross-sectional slices of the desired body regions created.

Examination procedure:

Examinations of the head (skull and brain) as well as skeletal parts, such as spine and joints usually do not require any special preparation. If you not receive any other information, examinations with contrast media require a blood laboratory screening in advance. Your creatinine and TSH levels will be needed, which should not be older than 3 months. If you have a kidney malfunction and/or an hyperthyroidism, you should bring current blood values.

During the examination, you will usually lie on your back on a special patient table, which slowly moves into the wide open ring (gantry) of the scanner. An X-ray tube orbits you and sends X-rays. Body regions are recorded with the help of the detectors located opposite the X-ray tube. The X-ray tube and the detectors are located inside the device and are not visible from the outside. It is bright in the examination room and the CT is open to the feet and the head. We can see you during the examination. You can also draw attention to yourself during the examination. The intercom is switched on. The examination takes about 5 to 10 minutes, depending on examination requirement.

For good image quality, it is important that you lie still. This allows you to influence the image quality and also the evaluation of your examination positively. This also prevents the repetition of individual measurements that may be necessary.

Contrast media:

Depending on the question of the examination, an application of iodine contrast media into your arm vein may be necessary. It is possible that this can be decided during the examination.

For some abdominal und pelvic examinations it will be necessary to drink 1 to 2 liters of a contrast medium before the examination additionally, to make the intestines visible. This type of contrast medium also contains iodine.

The contrast media we use are very well tolerated. Mild side effects, such as itching or nausea, are very rarely. Stronger allergic reactions can never be completely ruled out, but they are extremely rare.

After an examination with contrast media you should drink a lot of liquid, so the contrast media can be excreted quickly. Please note any drinking restrictions recommended by your doctor, for example in the case of heart failure.

Side effects:

Complications with the contrast media can rarely occur: e.g. headache, nausea, reddening of the skin, collapse, very rarely severe allergic reactions. The contrast media we use are very well tolerated. Some times there may be hematoma, tissue or nerve damage and infection as a result of the intravenous injection. The contrast media can lead to a deterioration of kidney function or an hyperthyroidism, especially if diseases pre-existing. Because of the x-rays, a computed tomography has a radiation exposure. A risk of cancer or leukemia cannot be excluded, especially for younger people. Please let us know if you could be pregnant.