

Patient name:

Date of birth:

Dear Patient!

You were referred for computer tomography (CT) by your attending doctor. For your information, please read this text and answer the questions on page 2. Afterwards, you will be informed about all important facts and have the opportunity to ask questions.

What is computer tomography?

Computer tomography (CT) is a special X-ray examination used to make cross-sectional images of the body. This way, important information on the location of the disease centres can be obtained. This is of crucial importance for further treatment.

How is the examination carried out?

The examination takes about 10-15 minutes. During the examination, you lie on a special examination table that moves through the opening on the CT device. Throughout the examination you are monitored by qualified personnel and contacted with them via an intercom system.

What do I have to do?

In order to achieve optimal image quality, we ask you to remain still during the entire examination. In some cases, we may ask you to follow instructions (e.g.: inhale, exhale, hold breath, do not swallow, etc.).

Risk of X-rays:

In very rare cases, X-rays in high doses can contribute to tumour development. In general, the risk of CT X-rays is very low and depends on type and number of CT and X-ray examinations performed. You have been referred to this CT scan by your attending doctor, because this examination is important for diagnosis and the information cannot be obtained by another examination.

To assess your personal risk for undesired side-effects, please answer the questions listed overleaf by ticking the applicable box.

If you have any questions, please do not hesitate to contact the medical technical service (MTS) or our doctors

Why contrast agent?

Contrast agents can increase the information significance of many CT scans and help your doctors to better recognise pathological changes. Contrast agents are administered as infusions into an arm vein during the examination.

Can there be complications?

As with any injection, pain, bruising and, very rarely, infection can occur at the injection site. During the application, many people experience warmth and a bitter taste in their mouths. Scientific studies¹ show that more than 99% of all patients tolerate the contrast agents used well. Seldom (about 1 in 400) there is a slight drop in blood pressure and thus slight discomfort such as nausea or pain. Very rarely (about 1 in 10,000) there are severe side effects such as shortness of breath, drop in blood pressure, cardiac arrhythmia or cramps. As with almost any medical procedure, life-threatening complications are possible, but extremely unlikely.

If you experience any side effects, immediate medical assistance is always available.

In rare cases, contrast agent may leak into the arm at the injection site. This leads to painful swelling that can sometimes last for days and must be treated. If you feel pain or swelling of your arm during the examination, please notify the medical technician who carries out the examination immediately - even during the examination

INFORMATION LEAFLET

Computer tomography (CT)

1. Size (cm): **Weight (kg):**

2. For women:
Is there a possibility of pregnancy? No Yes

3. Did you have one of these examinations before?

Computer tomography (CT)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
Vascular X-ray (Angiography / Cardiac Catheter)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
Kidney X-ray (Urography)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
Leg vein imaging (phlebography)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....

4. Did you experience any side-effects after the administration of contrast agents? No Yes

If so, which ones?

nausea / vomiting / suffocation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
asthma attack / shortness of breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
rash	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
seizures, unconsciousness	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
shivering attacks	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....

5. Do you suffer from any of the following medical conditions?


allergies that require treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
of the heart	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
of the kidney / adrenal gland?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
of the thyroid gland?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....
diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	.....

If yes, which diabetes medications do you take?

Myasthenia gravis? (specific muscle disease) No Yes

6. Do you carry a pacemaker?
(only applicable for chest CT scans) No Yes Make:

By signing, I confirm that I have read and understood the text in this form. I have answered the questions to the best of my knowledge and belief. In a personal talk, the risks were explained to me and my additional questions were answered satisfactorily. I agree that the suggested examination should be carried out.

	
Signature of the patient and/or his/her legal representative	Name and signature of the doctor
Date / time	Name and signature of the medical-technical employee.

Please hand this form to the attending medical-technical staff before the examination.

Medical notes on the information talk		
The patient agrees to the examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the event of rejection of the examination, the patient was informed of possible consequential harm.