

# CT-Patient Questionnaire

**PLEASE FILL OUT THIS FORM AND MARK THE RELEVANT INFORMATION:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

**Are there any older images of the examination area?** yes (Diagnostikum)  
yes (other provider)  
no  
will be given later

**For women:**  
Are you pregnant? yes no  
Are you breastfeeding? yes no

**What complaints do you have in the area under examination and for how long?** left right middle  
\_\_\_\_\_  
\_\_\_\_\_

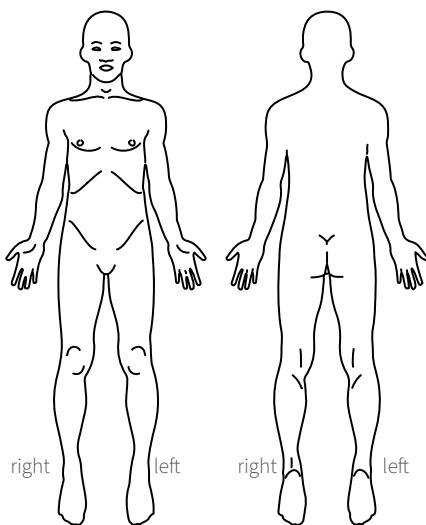
**Have you ever had an operation in the area being examined?** yes no  
If yes, which year and why?

**Are there any tumors or cancers known?** yes no  
If yes, which? When? Which side?  
What therapy was given? OP Chemotherapy Radiation therapy Ablatio mammae

**Do you have a pace maker?** yes no

## I am aware of the following illness:

Kidney disease	<b>Hyperthyroidism</b>	HIV
Myasthenia gravis	Allergies	Hepatitis
A-V-Block	Diabetes Mellitus	Other:



**Are you taking thyroid medication?** yes no  
If yes, which?

**Was there an accident that caused your current symptoms?** yes no  
If yes, when?

**Are you taking any blood thinners?** yes no

**Have you ever received iodine contrast media?** yes no  
If yes, have any intolerances occurred? yes no

➡ **Please mark current complaints in the graphic**

**Other remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors signature Diagnostikum Berlin

\_\_\_\_\_ please turn over ➡

### Consent Declaration

By my signature, I confirm (if applicable, on behalf of the patient):

- that I have read and understood the information sheet and have answered the questions regarding the medical history (patient history) to the best of my knowledge.
- that I have been thoroughly informed about the planned examination. I have no further questions and feel fully informed.
- that I consent to the possible administration of a contrast agent (iodinated, non-radioactive) by the medical assistance personnel (MTR, MFA).
- that I have carefully considered my decision. I do not require any further reflection period and consent to the examination.

### Doctolib

I hereby consent to Diagnostikum Berlin reminding me of my appointment. By giving this consent, I agree to the processing of my mobile phone number or email address for the purpose of appointment reminders. Please note that we use Doctolib as a service provider for sending appointment reminders. This consent is given on the basis of Art. 9(2)(a) in conjunction with Art. 6(1)(a) and Art. 7 GDPR. **My personal data will not be processed or transmitted for other purposes.**

I do **not** consent to the appointment reminder service.

### Notice: Refusal of Contrast Agent Administration

I do not consent to the recommended examination with contrast agent, despite having been expressly informed about possible disadvantages due to limited diagnostic assessability.

Date, Patient signature/Authorized Representative

I hereby consent to the examination and confirm that all the information provided here is truthful and complete. I may revoke my consent to the transmission of data to my referring physician and to the appointment reminder service at any time without providing reasons. A revocation pursuant to Article 7(3) of the GDPR does not invalidate the legal basis for data processing carried out in the past. It only takes effect for the future from the moment the revocation is received.

I agree that I will **NOT** receive a copy of the informed consent form.

yes

no

**Date, Patient signature/Authorized Representative**

**Name Authorized Representative**

X