

# *Radiologische Gemeinschaftspraxis Korbach*

## **Information Sheet for CT Examination**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

Dear Patient,

as part of the planned computed tomography (CT) examination, it may be necessary to administer an iodine-containing contrast agent. This helps to display certain structures in your body more clearly so that the diagnosis can be made more accurately.

Please note that a CT examination involves exposure to radiation. The radiation dose is kept as low as possible, but there is still a certain level of risk.

We would also like to inform you about possible side effects of the contrast agent: Although rare, complications such as extravasation (leakage of contrast agent into surrounding tissue), soft tissue damage, tissue injury, and organ damage — especially affecting the kidneys, thyroid, and liver — may occur.

Occasionally, the injection may cause temporary pain in the arm. Very rarely, allergic reactions (Grades I–IV) may occur immediately, later, or with delay, for example skin rash (hives), shortness of breath, or circulatory problems.

If you have known allergies, kidney problems, or other pre-existing medical conditions, please inform the medical staff in advance.

During and after the examination, your condition will be carefully monitored.

Since these reactions occur more frequently in patients with known allergies, please answer the questions on the next page.

**Please turn over → →**

## Questionnaire for CT Examination

Please tick as appropriate:

Have you ever had a contrast agent injected into a vein (or artery)?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Did you experience any adverse reactions/intolerance during this?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have any known allergies?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Are you pregnant?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have an infectious disease?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have asthma?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have an overactive thyroid gland?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have impaired kidney function?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Do you have diabetes mellitus treated with metformin medication?

Yes \_\_\_\_ No \_\_\_\_ Other comments \_\_\_\_\_

Have you undergone surgery on the body region we will be examining today? If yes, when \_\_\_\_\_

By giving your consent, you agree that the CT examination, including possible intravenous administration of contrast agent, may be carried out.

You have the right at any time to ask questions or to stop the examination.

I hereby consent to the administration of an iodine-containing contrast agent.

I expressly refuse the administration of a contrast agent.

I hereby agree to the proposed examination while waiving the 24-hour mandatory information period.

Korbach, date: \_\_\_\_\_ Signature: \_\_\_\_\_