

**QUESTIONNAIRE BEFORE CT SCAN**

Name and Surname..... Date of birth .....  
 Date of scan ..... Telephone number ..... Weight.....

**CT scan:** CT scan uses X-rays and causes X-ray irradiation during the scan. The dose of radiation is different for different tests, but it is permitted in the diagnostic imaging. Please note that the effect of radiation on the body is not indifferent - cumulative doses can have adverse effects. Therefore, if you were previously subjected to the test using radiation (CT, X-ray, etc.) or you were treated with radiation, please remember to highlight this fact in the patient card together with the dates of these tests.

**The absolute contraindication to Computed Tomography scan is PREGNANCY.**

<b>Please complete the survey by checking the appropriate response</b>	<b>YES</b>	<b>NO</b>
Are you pregnant?		
Do you breastfeed?		
Are you allergic to the iodine?		
Have you ever undergone the diagnostic imaging with intravenous administration of iodinated contrast (eg, urography, CT)?		
Were there any complications after the administration of contrast agent? If so, what kind?.....		
Are you allergic to any medications, foods, chemical substances? If so, what kind?.....		
Do you suffer from bronchial asthma? If so, what medication are you treated with?.....		
Do you suffer from any kidney disease? If so, what kind?.....		
Do you suffer from a hyper / hypothyroidism? ? If so, what medication are you treated with?.....		
Do you suffer from any heart diseases? Please underline the appropriate: hypertension, circulatory failure, coronary artery disease, arrhythmia?		
Do you suffer from diabetes? Patients treated with oral antidiabetic (metformin) should refrain from taking this medication for 48 hours before and 24 hours after the CT scan with the use of intravascular iodinated contrast agent.		
Do you suffer from multiple myeloma?		
Do you suffer from gout?		
Do you suffer from myasthenia gravis?		
Do you suffer from autoimmune diseases? (rheumatoid arthritis, lupus, psoriasis)		
Do you suffer from nervous system disorders? (Stroke, epilepsy, loss of consciousness)		
Do you take any medications? (nonsteroidal anti-inflammatory drugs, neuroleptics, analgesics, antiemetics, phenothiazines, antidepressants)		
Have you been informed about the possibility of injection of contrast?		

**I, the undersigned, give my consent for diagnostic test using Computer Tomography with ionizing radiation (X-ray) and I am aware that the exposure is not indifferent to the body and may adversely affect my health.**

- I declare that I did not withheld any information about the state of my health, course of treatment, illnesses and drug treatments;
- I declare that within 6 hours I have not eaten anything. Before the scan a patient should have unlimited access to inert fluids (still water);

I had the opportunity to ask questions about the examination and I understood the response.

Date and legible signature of the patient / legal guardian <sup>1</sup> .....

<b>In the case of bringing your medical documentation please tick:</b>		
<b>TYPE AND NUMBER OF PROVIDED DOCUMENTATION (MRI, CT scan, X-RAY, USG, PET, other)</b>		
CD.....	Plate.....	Paper documents.....

Date and legible signature of the patient / legal guardian <sup>1</sup> .....

Date, stamp and signature of a doctor performing scan.....

<sup>1</sup> In case of minors: - under 16 – declaration should be signed by legal guardian, 16-18 years of age - declaration should be signed by patient and legal guardian