

Anamnesis (medical history)

Patientenaufkleber

To ensure the examination progresses smoothly, we kindly request you answer the following Questions:

- Do you have implants with the following devices?** yes no
- Heart- Pacemaker? yes no
- Neuro- Stimulator? yes no
- Insulin Pump? yes no
- Inner ear prosthesis (cochlea implant)? yes no
- Other bio- electrical implants? yes no
- Do you wear a hearing aid?** yes no
- Do you wear vascular supports e.g. stents or vascular clips?** yes no
- If yes, since when? _____
- Do you have an artificial heart valve?** yes no
- Do you have tattoos, piercing or permanent makeup on your body?** yes no
- Do you have a medication plaster?** yes no
- Do you have any metal parts in your body, e.g. metal/shrapnel, surgical nails, metal plates after an operation on a fractured bone, joint prostheses?** yes no
- Do you have dentures?** yes no
- Have you already been operated on in the region of the body we wish to examine today?** yes no
- Have you undergone heart, head or eye surgery?** yes no
- For women- are you pregnant?** yes no
- Do you suffer from allergies or asthma (hay fever, foods, medicines (e.g. iodine or similar))?** yes no
- Do you suffer from a restricted kidney function?** yes no
- Do you agree to an administration of contrast medium?** yes no
- What is your current body weight?** _____
- Do you suffer from claustrophobia?** yes no

Important: Before the examination, you need to remove all metal objects. These include hair Slides, removable dentures, jewelry, glasses, keys, watches, hearing aids, mobile phones and bank or credit cards

I would like to receive a copy of this information sheet yes no

I hereby give my consent to report transfer of my current research data to the referring physician yes no

X

Date, Signature (If a minor, signature of parent or guardian)