

Anamnesis (medical history)

Patient Name

Your examination may require intravenous application of a contrast medium containing iodine. Contrast media are generally well tolerated, but in rare cases allergic reactions may occur (i.e. skin rash, nausea, circulatory or respiratory problems, up to anaphylactic shock). To reduce the risk of an adverse reaction as much as possible, we kindly ask you to answer the following questions:

Have you ever had an X-ray/CT examination requiring the intravenous application of a contrast medium? Yes No

If so, has the contrast medium been well tolerated (i.e. no adverse effects)? Yes No

In case of an adverse reaction, what were your symptoms? _____

Do you suffer from allergies (hay fever, foods, medicine (e.g. iodine or similar)) Yes No

If so, what are you allergic to? _____

Do you suffer from asthma? Yes No

Do you suffer from a thyroid disorder? Yes No

If so, what thyroid medication are you taking? _____

Do you suffer from restricted kidney function? Yes No

Do you suffer from diabetes? Yes No

If so, are you currently taking Metformin or any Metformin-containing products? Yes No

Have you discontinued Metformin or the Metformin-containing product? Yes No

Have you been diagnosed with plasmacytoma (multiple myeloma)? Yes No

Do you suffer from an infectious disease (e.g. Hepatitis, HIV/AIDS etc.)? Yes No

For women: Are you pregnant? Yes No


Have you abstained from eating or drinking for at least 3 hours prior to the examination? Yes No


What is your current body weight? _____ **kg**

If you have any questions, please speak with the physician before you sign this document. I hereby confirm that I have been informed about the use and possible risks of contrast media, and I consent to the possible use of a contrast medium in the present examination.

I would like to receive a copy of this document Yes No

Alsdorf/Eschweiler/Würselen, _____


Signature of physician


Signature (if a minor, signature of parent or guardian)