

Patient Information Leaflet - Anamnesis PET-CT scan

Name of patient _____ born on _____

Dear patient!

PLEASE INFORM US ABOUT THE POSSIBILITY OR THE EXISTENCE OF A PREGNANCY BEFORE!

You were referred by your doctor to a combined positron emission tomography (PET) and computed tomography (CT) investigation.

For better assessing of a possible increased risk of any contrast medium intolerance, we ask you to answer the following questions by ticking the right boxes. For any further questions please ask the doctor or the assistant.

1. Have you ever had any of the following examinations?

- X-Ray kidney (IVP/IVU) YES NO
- Computertomographie (CT) with contrast agent YES NO
- Veins of the legs (Phlebography) YES NO
- X-Ray vessel (angiography/heart catheter) YES NO

2. Did you ever have after contrast injection:

- Sickness / vomiting / shortness of breath / retching YES NO
- Asthma attack YES NO
- Skin eruption YES NO
- Spasm, fainting YES NO
- Ague YES NO
- Pain YES NO

3. Do you have one of the following diseases?

- Allergies that require treatment YES NO
- Asthma YES NO
- Renal diseases YES NO
- Thyroid diseases YES NO
- Diabetes YES NO

If YES, what kind of medications do you take referring to the above mentioned diseases?

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4. TSH: _____ **Creatinin:** _____

- 5. PREGNANCY** YES NO
- Breast-feeding actually YES NO

Woman of child-bearing age - day of the last menstrual period: _____

I was informed by the attending doctor, that the planned examination/treatment could lead to damage of the unborn. For this reason, I make the explicit and legally binding statement that I am not pregnant at the time of the examination/treatment.

- I hereby confirm that I had plenty of time to submit the declaration of consent and that I have understood the content of the clarification information. I also confirm that I have read the patient information leaflet and understood the content of the information. The issues of my medical history were answered by me in good faith.
- I agree to the proposed PET-CT examination and any intravenous contrast agent administration. My questions were answered sufficiently.
- I agree that my examination data can be evaluated anonymously for research or statistical or presentation purposes.

Signature patient

Name and signature of the doctor

*Signature of parent or legal guardian
 (for patients up to completed age of 18)*

Name and signature of the assistant

Date/Time

Anamnesis examination (NOT completed by the patient):

Size, weight:

Tumor (histology, stage):

Operations (concerning the tumor, when?):

Radiation (when, particularly latest?):

Systemic tumor therapy: Chemotherapy, Hormon therapy, Immunotherapy
 (when, particularly latest?):

Diabetes mellitus? If YES, which medication?

Blood glucose: _____mg/dl Applied activity, tracer: _____Mbg Uptake phase in min.: _____

Late exams min. p.i.: _____