Schweizer Paraplegiker Zentrum | Centre suisse des paraplégiques | Centro svizzero per paraplegici | Swiss Paraplegic Centre

# Computed tomography (CT) questionnaire

**Dear Patient**
Please complete the questionnaire to the best of your ability.
Our staff will be happy to help you if you have questions or if you are unsure about anything.

**Last name**:_____ **First name**:_____ **Date of birth**:_____

| | | | |
|---|---|---|---|
| **Have you ever had a CT scan?** | At which X-ray institute? _____<br>Of which part of your body? _____ | ☐ yes | ☐ no |
| | Was a contrast agent injected into a vein? | ☐ yes | ☐ no |
| | Did you tolerate it well? | ☐ yes | ☐ no |
| **Do you have...** | a history of allergic reactions to an X-ray contrast agent? | ☐ yes | ☐ no |
| | any other allergies? To what? _____ | ☐ yes | ☐ no |
| | any intolerances to medicines? To which ones? _____ | ☐ yes | ☐ no |
| **Do you suffer from...** | kidney disease? | ☐ yes | ☐ no |
| | bronchial asthma? | ☐ yes | ☐ no |
| | chronic bronchitis? | ☐ yes | ☐ no |
| | any other type of lung disease? | ☐ yes | ☐ no |
| | a serious heart disease? | ☐ yes | ☐ no |
| | a serious blood vessel disease? | ☐ yes | ☐ no |
| | an overactive thyroid? | ☐ yes | ☐ no |
| | any other type of thyroid disease? | ☐ yes | ☐ no |
| | diabetes? | ☐ yes | ☐ no |
| **Are you currently receiving...** | chemotherapy? | ☐ yes | ☐ no |
| | diabetes medication? | ☐ yes | ☐ no |
| **For women:** | Are you pregnant or could you be pregnant? | ☐ yes | ☐ no |
| | Are you breastfeeding? | ☐ yes | ☐ no |
| | **Your height:** _____cm **Your weight:** _____ kg | | |

I herewith confirm that I have understood the information and that I have answered the above-listed questions truthfully. With my signature I give my consent to the investigation being carried out.

**Date:** _____ **Signature:** _____


Guido A. Zäch Strasse 1 | CH-6207 Nottwil | T +41 41 939 54 54 | F +41 41 939 54 40 | spz@paraplegie.ch | www.paraplegie.ch
A company of the Swiss Paraplegic Foundation