

Please answer for us the following questions, for your own safety and for the best examination quality that can be achieved.
Please hand in any findings, CD-ROMs and X-ray pictures at the registration desk!

Surname: _____ First name: _____ Born: _____
 Telephone: _____ Body weight: _____ Body height: _____

1. General questions

Do you suffer from **diabetes**? yes no
 What medications do you take for it? _____
 Do you suffer from **renal impairment** and/or do you undergo **dialysis**? yes no
 Do you have **thyroid dysfunction**? yes no
 What medication do you take? _____
 Are you aware of having any **allergies**? yes no
 If so, what allergies? _____
 Has a computer tomography been carried out previously? yes no
 When, where and of what body region? _____
 Did any **problems arise** following previous **X-ray contrast agent examinations**? yes no
 If so, what problems? _____
 Have you already previously had an operation **in the area examined**? yes no
 If so, what kind of operation? _____
For women: Could you be **pregnant**? yes no

2. Agreement on passing on images and findings, and on any related requests, pursuant to Sec. 73(1)(b) German Social Code (SGB) V:

Passing on

I hereby grant permission for my data on findings and images to be passed on to the physicians **transferring** me. yes no
 I hereby grant permission for my data on findings and images to be passed on to the physicians **continuing to treat** me. yes no
 My general practitioner (please enter details): _____
In addition, within the scope of the random quality checks conducted by the Association of Statutory Health Insurance Physicians, your images, diagnostic data and any treatment documents may be required. No separate declaration of consent is to be obtained from you for that purpose.

Requests

I am in agreement with the DiaCura Radiology Practice obtaining information and image data from the physicians treating me in the context of medical diagnostics. yes no

I may revoke this consent in writing or by telephone, at the number +49 9561/231000, at any time.
 You can find further information on data privacy pursuant to Art. 13 EU GDPR on our website at www.diacura.de

Only for accidents at work/school/en route to work or school (via the professional association):

DiaCura Radiologie is obliged to provide information to accident insurers (pursuant to Sec.100 [German Social Code (SGB) X], Sec. 201 [SGB VII] in conjunction with Sec.46 of the Agreement between Physicians and Accident Insurers). Accident insurers may request data from DiaCura (pursuant to Secs. 199, 201 SGB VII, Sec. 67a SGB X). Based on the statutory provisions, you may require your professional association to provide information on the data transmitted.

 Date Signature of Patient Date Legal Guardian in the case of patients who are minors or the Healthcare Professional on duty in the case of patients on the ward. (Full details as per the patient chart)

Please just read!

Consent to Examination and the administering of medication

(We will fill in the following details together with you)

3. Patient briefing

Scheduled examination: Computer tomography

Scheduled administration of an intravenous contrast agent, an anti-allergic medication if required

I am aware that if any *anti-allergic agent* is administered, I may not actively take part in traffic within the next 12 hours. yes no

I have read and understand the information sheet on the scheduled examination.

I am informed about any contra-indications and side effects of the examination, as well as the administration of a contrast agent (if stipulated), and hereby waive an additional verbal explanation by the physician. yes no

4. Consent

I hereby consent to the scheduled examination being carried out. yes no

I am in agreement with the scheduled administration of a contrast agent/medication. yes no

In the case of minors: As legal guardian, I consent to the administration of medication and the examination of my child. yes no

Date

Signature of Patient

Date

Legal Guardian in the case of patients who are minors

I wish to receive a print-out of this data entry form. yes no

Signature of Employee: _____

Medical Technical Radiology Assistant

Physician