



# QUESTIONNAIRE

F-6/1/3a

Wydanie 3

## QUESTIONNAIRE FOR THE PATIENTS BEFORE CT EXAMINATION ORAZ X-RAY EXAMINATIN

Strona: 1

Stron: 2

Data: 8.03.2021

.....  
Name and surname

.....  
date of birth

weight (approximate) .....

Height (approximate) .....

A CT scan or X-ray is a diagnostic test that consists in obtaining images of body structures using X-rays, which are ionizing radiation. The examination is performed by an electroradiology technician under the supervision of a radiologist and a nurse. It takes about 10-30 minutes. Immediately before the examination, the patient may be asked to remove items that are near the range of the examined body part, which may have a negative impact on the quality of the images obtained.. The patient is lyed on the examination table, most often on the back , possibly sideways or on the stomach. During the CT examination, the table slowly moves through the device to give images of the area being examined. For the best quality of diagnostic images, the patient should lie still during the examination and may also be asked to hold his breath.. In some cases, it is necessary to apply contrast.

During that type of examinations may appear complications:

- **Light** - nausea, vomiting, itching, sweating, hives, coughing, hoarseness, after inserting the cannula into a vein possible vein rupture, extravasation of the contrast, inflammation of the superficial veins.
- **Moderate** - fainting, face edema, laryngeal edema, bronchospasm
- **Severe** - convulsions, hypotensive shock, respiratory arrest, cardiac arrest

When the contrast is applying, you may feel a warm / hot in your body, metallic / sweet taste in the mouth. These sensations are quite common and should't be alarming. If you have a feeling of dyspnea, nausea or rapid heartbeat, notify the staff immediately. After the examination with the contrast medium, the patient remains under the supervision of the staff for about 30 minutes, after this time the cannula is removed by the nurse.

**In anxiety for Yours safety we would like to ask You for fulfilled questionnaire.**

**Please put (☒ or ☑) where the answer is correct**

### Should be fulfilled by Ladies and Gentelmen

**Did You have ane previous MR or CT or X-ray examination with a contrast measure in past?** YES  NO

**Do You have any allergic reactions?** (contrast media, drugs, different? If YES pleas describe)  
.....  
.....  
I DON'T KNOW  YES  NO

**Are You pregnant?** I DON'T KNOW  YES  NO

**Are You breastfeeding** YES  NO

**Have You been diagnosed with heart disease or liver disease or thyroid disease or kidney disease, or have any kidney problems?** (describe symptoms or diagnosis)  
.....  
.....  
YES  NO

.....  
date

.....  
Patients/responsible person signature

#### SHOULD BE FULFILLED BY HELIMED STAFF

The questionnaire has been checked and accepted

#### COMMENTS

DATE:..... SIGNATURE.....



# QUESTIONNAIRE

F-6/I/3a

Wydanie 3

QUESTIONNAIRE FOR THE PATIENTS BEFORE CT EXAMINATION ORAZ X-RAY EXAMINATIN

Strona: 2

Stron: 2

Data: 8.03.2021

## You provided for the examination:

- CT photos.....
- MRI photos.....
- X-ray photos.....
- Descriptions of previous examinations .....
- Documentations of USG .....
- CDs .....
- Other .....

.....  
Patients/responsible person signature

I confirm receipt of the documentations above

.....  
Patients/responsible person signature

### **Please inform the registration employee if You are participating in a pharmaceutical program, financed by NFZ**

I declare that on the day of the CT / MR examination I'm not diagnosed or treated oncology in the DILO program, I'm not in a hospice, sanatorium or hospitalization. I also declare that on the day of the CT / MR examination I did not perform diagnostic tests (CT, MR or PET) under the National Health Fund in other medical entities.

I acknowledge (on the basis of the Act on health care services financed from public funds) that in the event of false statement, I will cover the full cost of the examination according with the price list.

\* examinations by the NFZ

.....  
Patients/responsible person signature

I declare that I give my informed consent to the examination with ionizing radiation and the possible use of a contrast intravenously, I have been informed about the type of examination and the method of preparation for it. I was given the opportunity to ask questions and understood the answers.

I have been informed about the possibility of an adverse event related to the intravenous a contrast agent, including the possibility of extravasation

\*\* all type of examinations

.....  
Patients/responsible person signature

I have been informed about the cost of the examination and I agree to cover it. At the same time, I declare that I won't submit any claims for reimbursement of costs to the NFZ.

\*\*\* full cost examinationas

.....  
Patients/responsible person signature