

Do you present the results of previous examinations?

YES ☐

NO ☐

Type and number of documents provided:

1. _____ ☐
2. _____ ☐
3. _____ ☐
4. _____ ☐
5. _____ ☐
6. _____ ☐

Date and signature of the
person collecting the form

Readable signature of the Patient or legal guardian (In the case
of a minor between 16-18 years of age, parallel consent of the legal guardian)

Comments of the employee of Computed Tomography

Patient's remarks regarding the course of the disease for the doctor

COMPUTED TOMOGRAPHY PATIENT QUESTIONNAIRE

NAME AND SURNAME: _____

PESEL: HEIGHT(cm): WEIGHT(kg):

Performing computed tomography examinations in pregnant women is absolutely contraindicated outside the states of higher necessity (like the state of immediate life threat) and the inability to use other imaging methods. All women of childbearing age should make sure that they are not pregnant before the examination.

Please complete the questionnaire by selecting the appropriate answers and completing the information.	YES	NO
Are you pregnant?		
Are you breastfeeding?		
Have you ever had a computed tomography examination in the past?		
Have you ever had a iodine contrast agent administered in the past? (e.g. for CT examination, urography, coronarography)		
Did you experience adverse reactions after the administration of the contrastagent? (if yes, please describe them)		
Do you suffer from allergy to iodine?		
Do you have any other types of allergies?		
Do you have asthma?		
Have you been diagnosed with kidney disease?		
Have you been diagnosed with kidney failure?		
Have you been diagnosed with an overactive thyroid?		
Do you have diabetes?		
Do you take the oral antidiabetes drug metformin?		
Have you been diagnosed with muscle fatigue (myasthenia gravis)?		
Have you been diagnosed with a pheochromocytoma?		
Have you been diagnosed with multiple myeloma?		
Do you have pulmonary hypertension?		
Do you have other cardiovascular diseases (hypertension, heart failure, coronary heart disease, etc.)		
Do you take the following medicines: cyclosporine, cisplatin, aminoglycosides, non-steroidal anti-inflammatory drugs, beta-blockers, interleukin 2?		
Is radioiodine or thyroid and / or skeletal diagnostics planned for you in the nearest future?		

I declare that I have read and understood the questions contained in the survey and the answers provided are consistent with the actual state. I take full responsibility for the information I have provided. I hereby agree for a computed tomography examination.

Readable signature of the Patient or legal guardian(In the case of a minor
between 16-18 years of age, parallel consent of the legal guardian)

DATE: _____

CONSENT FOR THE CT EXAMINATION WITH THE INTRAVENOUS ADMINISTRATION OF IODINATED CONTRAST AGENT

I. GENERAL INFORMATION ON CONTRAST AGENT

Contrast agents administered intravenously for computed tomography (CT) are compounds containing iodine used to exclude, confirm or accurately characterize changes in the examined area. The Physician Radiologist decides about the indications or the lack thereof to inject the contrast agent during the examination.

II. POSSIBLE REACTIONS TO THE CONTRAST AGENT

In rare cases, contrast agents may cause adverse reactions. We distinguish three types of systemic adverse reactions associated with the administration of iodinated contrast agents used in CT.

1. ACUTE REACTIONS (occurring within one hour following the intravenous administration of the agent) such as:

- mild reactions - nausea, vomiting, mild rash, pruritus, erythema, chills, anxiety, spontaneous vasovagal reaction, cold / warm feeling at the point of injection.
- moderate reactions - severe rash, mild bronchospasm, swelling of face / larynx, severe vomiting, vasovagal syncope.
- severe reactions - hypotensive shock, respiratory arrest, cardiac arrest, arrhythmias, convulsions

An increased risk of acute reactions occurs in patients with previously reported moderate and severe hypersensitivity reactions, asthma and atopy requiring treatment. The incidence of reactions does not differ between individual low and isoosmolar nonionic contrast agents.

2. DELAYED REACTIONS (occurring from an hour to a week following the administration of the contrast agent) — most often these are skin reactions in the form of rash, redness, swelling and itching. Most of these reactions have a slight to moderate and self-limiting nature. The increased risk of delayed reactions occurs in patients with previously reported delayed reactions and in patients treated with interleukin - if this type of reaction occurs, consult a physician.

3. VERY LATE REACTIONS (usually occur more than a week following the administration of the contrast agent) — patients with decompensated hyperthyroidism, mainly untreated with Graves' disease, poorly controlled nodular goitre are at risk of thyrotoxicosis (thyroid crisis). Patients with hyperthyroidism should seek the opinion of an endocrinologist and provide thyroid hormone test results prior to the CT examination with the intravenous administration of iodinated contrast agent.

**YOU SHOULD IMMEDIATELY INFORM THE MEDICAL STAFF ABOUT ANY SYMPTOMS
OF CONTRAST AGENT INTOLERANCE**

Iodinated contrast agents affect the kidney function. Post-contrast acute kidney injury (PC-AKI) is a complication that occurs when the level of creatinine is increased within 48-72 hours after the administration of contrast agent by con. 0.3 mg/dl or con. 1.5 times. The risk group of this complication includes patients with end-stage chronic renal failure (GFR below 30 ml/min/1.73 m²) and patients with acute renal failure, patients with multiple myeloma and patients taking metformin, if they have acute renal failure or severe chronic renal failure. The risk also depends on the type, dose and route of contrast agent administration.

Pregnant women are given contrast agents only when it is absolutely necessary. Breast-feeding women should take a break in feeding for 24 hours after administration of the contrast agent. Administration of a contrast agent in the case of pregnant / breast-feeding woman with kidney damage is contraindicated.

Readable signature of the Patient or legal guardian
(In the case of a minor between 16-18 years of age, parallel consent of the

(Source: 2016 ESUR Guidelines on Contrast Media.)

INFORMED CONSENT

I declare that I have read and understood the above information and that oral information about CT examination and contrast agent administration has been provided to me in an understandable way. During the conversation, I had the opportunity to ask questions about the complications that may occur during CT scanning with the use of a contrast agent.

I have been informed about the limited diagnostic value of a CT scan in the event of failure to consent to the administration of a contrast agent during the examination. I have been provided with the above-mentioned information in a comprehensible and thorough manner. I received recommendations after the administration of a contrast agent, including in the area related to the necessity of consuming liquids and their quantity. I have understood all the information I have been provided with and I have no comments.

I declare that I take full responsibility for the information I provide and for their compliance with the actual state.

I express / do not give* informed consent for a CT scan with the intravenous administration of iodinated contrast agent. I have been informed about possible complications and the limited diagnostic value of a CT scan in the absence of consent for the administration of a contrast agent during the examination. I have had the opportunity to clarify my possible doubts with the staff, I have understood the instructions of the staff, I have no comments.

*delete as appropriate

The fee for the intravenous administration of iodinated contrast agent should be paid at the CMS reception desk after the CT examination

Readable signature of the Patient or legal guardian
(In the case of a minor between 16-18 years of age, parallel consent
of the legal guardian)

DATE: _____