

CT-scan vragenlijst -Engels

Questionnaire for CT scans

Name: _____

Date of birth: _____

Weight: _____ kg Height: _____ m

1. In the past week, have you:
 - had a CT scan with iodine-based contrast agent? yes no
 - undergone cardiac catheterisation? yes no

2. Are you allergic to iodine-based contrast agent? yes no
If so, how severe was your allergic reaction?
 - Mild allergic reaction with itching, red bumps and/or nausea
 - Severe allergic reaction requiring medical intervention (eg. breathing difficulties and/or hospitalisation)

3. Do you have an overactive thyroid? yes no

4. In your case, do health professionals have difficulty drawing blood from you or inserting an IV? yes no

5. Have you ever undergone breast-preservation surgery or a mastectomy?
? yes no
If so, on which side?
 - Left
 - RightWas a lymph node removed from an armpit during this surgery?
 yes no

6. For women: Are you (possibly) pregnant? yes no

Please bring this completed questionnaire to your examination.