

**QUESTIONNAIRE FOR COMPUTED TOMOGRAPHY EXAMINATION**

|   |     |    |
|---|-----|----|
| HAVE YOU EVER HAD AN ALLERGIC REACTION TO THE CONTRAST USED IN COMPUTED TOMOGRAPHY EXAMINATION? | YES | NO |
| ARE YOU TREATED FOR ASTHMA?   | YES | NO |
| ARE YOU TREATED FOR HYPERTHYROIDISM?  | YES | NO |
| ARE YOU TREATED FOR CIRCULATORY FAILURE?  | YES | NO |
| ARE YOU TREATED FOR DIABETES WITH METFORMIN-CONTAINING PRODUCTS?                                | YES | NO |
| ARE YOU TREATED FOR RENAL INSUFFICIENCY AN/OR PROTEINURIA?                                      | YES | NO |
| ARE YOU TREATED FOR GOUT?   | YES | NO |
| I DECLARE THAT I AM NOT PREGNANT  |     |    |

**QUESTIONNAIRE FOR COMPUTED TOMOGRAPHY OF THE HEART**

| DISEASE   | YES   | NO |
|---|---|----|
| ARE YOU TREATED FOR HIGH BLOOD PRESSURE?                                  |   |    |
| ARE YOU TREATED FOR DIABETES?   | <b>Insulin</b>                                      |    |
|   | YES   | NO |
| HISTORY OF MYOCARDIAL INFARCTION  | <b>DATE:</b><br>1. ....<br>2. ....                  |    |
| HISTORY OF CARDIAC SURGERY  | <b>DATE:</b><br>1. ....                             |    |
| CORONARY CATHETERISATION<br>CORONARY CATHETERISATION WITH STENT INSERTION | <b>DATE:</b><br>1. ....                             |    |
| CONGENITAL HEART DEFECTS  |   |    |
| CARDIAC MEDICATIONS TAKEN   | 1. ....<br>2. ....<br>3. ....<br>4. ....<br>5. .... |    |

.....  
(date and patient's signature)

.....  
(date and legible signature of the patient's legal representative or an authorised person)