SAFETY CHECKLIST RADIOLOGY – CT EXAMINATION

Your doctor has requested a CT examination for you. To ensure that you undergo the examination in the most safe and comfortable conditions, we ask that you complete all of the questionnaire below.

NOTE: In the interest of your safety, we cannot perform the examination if the document is INCOMPLETE.

PATIENT NAME: _____

HEIGHT: _____ WEIGHT: _____

Please check the box that applies:	Yes	No
1. Do you have a problem with your thyroid gland?	☐	☐
2. Do you suffer from renal insufficiency? (i.e. impaired kidney function)?	☐	☐
3. In the past, have you had a radiological examination whereby you received an injection?	☐	☐
If yes, did you tolerate it well?	☐	☐
4. Are you pregnant?	☐	☐
Are you breastfeeding?	☐	☐
5. Is your stomach empty? (i.e. you have not eaten or drunk anything for 4h)	☐	☐
6. Do you have a port catheter?	☐	☐
7. Do you have glaucoma? (i.e. increased pressure in the eye)	☐	☐
8. Do you have an enlarged prostate and serious difficulty urinating?	☐	☐
9. Do you have diabetes?	☐	☐
10. Do you have asthma?	☐	☐
11. Do you have a prosthetic? (e.g. metal in a knee, hip, back, etc.)	☐	☐
12. Do you have dentures or a dental prosthesis?	☐	☐
13. Do you have an external hearing aid?	☐	☐
14. I hereby consent to the use of my CT images for scientific research (for statistical processing, image processing or mathematical models). The Radiology Department of Ghent University Hospital may at any time contact me in person, by telephone or by e-mail in this connection. My identity shall be secret from any person who does not have a care relationship with me. I may revoke this consent at any time without this having any effect whatsoever on the quality of my research. For more information, please contact: Head of the Radiology Department, secretariaat.radiologie@uzgent.be	☐	☐

I DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AT THE DATE OF THE EXAMINATION.

SIGNATURE: _____ DATE: _____

If you have any questions, you can always contact the person performing the examination.
For clinic and hospital services: for more information, call the number 26183 (08:00-12:30 and 13:30-17:00).

UZ GENT
UNIVERSITEIT GENT
Universitair Ziekenhuis Gent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be

D/6309/2283bm

To be completed by the nursing staff

Remarks: _____

_____

_____

_____

_____

Initials of Nurse/Technologist: _____

UZ GENT

UNIVERSITEIT GENT

Universitair Ziekenhuis Gent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be