

To be filled in by Private Scan:

Date of Examination _____

Type of Examination

Total Body Scan _____

MRI examination _____ Yes/No CM

CT examination _____ Yes/No CM

PET/CT examination _____ Yes/No CM

other examination _____

To be filled in by the Client:

Health questionnaire

1. Personal particulars

Surname _____ Gender M F

First name/s _____

Date of birth _____ Height _____ cm Weight _____ kg

Address _____

Postal code & town/city _____

Telephone: _____

E-mail _____

2. Health status

Do you have any complaints at present? Y N

If yes what are they _____

Are you being treated or monitored by a Doctor or Specialist at present? Y N

If yes, treatment, or monitoring and for what reason? _____

Have you ever been admitted to Hospital?

Y N

If yes, when and the reason. _____

Have you ever been operated on?

Y N

If yes, what type of operation and when. _____

Do you have an infectious disease?

Y N

If so, which disease and type. _____

Do you have any allergies?

Y N

If so, name them. _____

Have you, in the past or present been treated for cancer?

Y N

If so, what type and when? _____

Do you take medication?

Y N

NB! If you are using Metformin, please contact Privatescan!

If so, what type, what for, and in dosage? _____

Do you have recent blood values?

Y N

If so which ones? _____

Heart and blood vessels:

Do you suffer from any of the following?

- Heart disease Y N if so, which one _____
 - Heart rhythm disorders Y N if so, which one _____
 - High blood pressure Y N if so, which values ? _____
 - High cholesterol Y N if so, which values? _____
 - Heart pains under stress Y N
 - Heart pains without stress Y N
 - Short of breath Y N
 - Endurance Y N
 - Profuse sweating Y N
 - Diabetes Y N
 - Aneurysma Y N
 - Others: _____
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Airways/bronchi:

Do you suffer from any of the following?

- Short of breath Y N
 - Coughing Y N
 - Asthma Y N
 - Lung disease Y N if so, which one? _____
 - Others: _____
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Abdominal organs:

Do you suffer from any of the following?

- Liver disease Y N If yes, type? _____
 - Kidney disorders Y N If yes, type? _____
 - Thyroid gland disorders Y N If yes, type? _____
 - Pancreas disorders Y N If yes, type? _____
 - Colon Y N If yes, type? _____
 - Prostate Y N If yes, type? _____
 - Urinary tract Y N If yes, type? _____
 - Gall stones Y N
 - Kidney stones Y N
 - Others: _____
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Joints and bones:

Do you suffer from any of the following?

- Joint disorders Y N If yes, where? _____
 - Osteoporoses Y N If yes, where? _____
 - Arthritis Y N If yes, where? _____
 - Rheumatism Y N If yes, where? _____
 - Back complaints Y N If yes, where? _____
 - Others: _____
-

Can you be pregnant? Y N

Do you smoke? Y N
If yes, since when and how many cigarettes per day? _____

Do you have psychological complaints? Y N
If yes, please mention: _____

Do you have an healthy eating pattern? Y N

Do you have sufficient physical exercise? Y N

Do you have sufficient night's rest? Y N

Are you stressed? Y N

Do you have any remarks about your health and/or examination?

3. Hereditary disorders:

Serious disorders such as tumours and cardio-vascular diseases in the family (grandparents, parents, brothers and sisters) increase the risk possibility of contracting one of these disorders.

Does/has cancer occurred in your family? Y N

If yes, what type, with whom, was it a cause of death, and if so at what age?

Do cardiovascular diseases occur in your family? / Y N

If yes, what type, with whom, was it a cause of death, and if so at what age?

Are there other hereditary disorders in your family? Y N

If yes, what type, with whom, was it a cause of death, and if so at what age?

4. Contra-indications

CT (computertomography) is a special type of X-Ray examination by which “photos” of cross-sectional images of the the body are made. The scan is doen by means of the so-called Low Dose Protocol (very low doses of X-rays) and an examination takes about 10 minutes. During your examination it might be necessary to administer a contrast agent, by means of a drip in your arm. The contrast agent is well tolerated by the body. To eliminate any risk possibilities of side effects we ask you to answer the following questions:

Have you previously had a CT or X-ray examination? Y N

If yes, which type? _____

Are you allergic to iodine? Y N

Do you use Metformin? Y N

Have you ever been catherterized? Y N

MRI (Magnetic Resonance Imaging) is done with the help of radiowaves and very strong magnetic fields that make images of the body in layers. Radiowaves are harmless, but an MRI examination can not be carried out if there are metal fragments or pieces in the body. To be able to determine if you may have an MRI examination done please answer the following questions:

- Is there metal in your body?** Y N
If yes, what and where? _____
- Do you work with metal in your profession (eg. Welder)** Y N
- Have you ever had an MRI examination?** Y N
- Do you have artificial heart valves? ?** Y N
- Do you have a pacemaker?** Y N
- Do you have a sten tor hemostst? ?** Y N
- Do you have a hearing aid?** Y N
- Do you have piercings** Y N
- Do you have tatoos?** Y N
- Do you have an IUD?** Y N

During the CT and/or MRI you lie on a narrow bed which moves into the scanner. The CT scanner has a large ring and is not deep, the MRI scanner has a 'tunnel' into which you are moved. If you are claustrophobic or think that you might be, we can offer you medication that will relax you while having your examination done. If medication is given please take into account that your reactions will be slowed down and there for may not be able to drive alone.

- Are you claustrophobic?** Y N
- If so, would you like a sedative?** Y N
- Will you be coming with company?** Y N
- Can you lie still on you back for a long period ?** Y N

5. Undersigning:

I consent to having my examination carried out.

Y N

I consent to the administration of a contrast agent if required.

Y N

I have answered all the above questions truthfully.

Y N

Filled in and completed at (location): _____

Date: _____

Name: _____

Signature:

Finally: How did you come to know about PrivateScan?
