

## Questionnaire Hookwire Insertion and Clip Placement of the breast

Would you please hand this form to the assistant before the examination.

Name of patient			
Date of Birth	Room Nr.	Phone	MTD

Do you have a blood coagulation disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you taking any anticoagulant (blood-diluting) drugs? (such as Marcoumar or Aspirin, for example)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a hepatitis or HIV infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Note

- The local anaesthetic may affect your reactions and ability to cope with traffic. You should not drive a car or work on dangerous machines for the following 24 hours.
- Please do not prematurely remove the dressing applied and avoid washing the puncture site.
- If secondary bleeding or other complications occur, seek medical advice immediately.

I confirm that I have read and understood the text and that I have answered the questions to the best of my knowledge. I consent to the conduct of the proposed examination. My questions have been adequately answered during a personal conversation.

Date/Time	Patient's signature or legal guardian's signature	Physician's name and signature	Med. tech. employee's name and signature
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### Medical comments on the consulting informing the patient

The patient consents to the examination Yes ☐ No ☐

If the examination is refused, the patient was informed about the possible disadvantages that might ensue.