RADCARE
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Questionnaire Myocardial Perfusion Imaging

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

Name of patient			
Date of Birth	Height (cm)	Weight (kg)	MTD

Do you take any medication for the heart? Which?	Yes ☐	No ☐
Do you smoke?	Yes ☐	No ☐
Do you have high blood pressure?	Yes ☐	No ☐
Have you ever had a stroke? When?	Yes ☐	No ☐
Are you diabetic?	Yes ☐	No ☐
Do you suffer from bronchial asthma or COPD? Medication?	Yes ☐	No ☐
Have you had a myocardial infarction? When?	Yes ☐	No ☐
Surgery?	Yes ☐	No ☐
Family anamnesis?	Yes ☐	No ☐
Have you ever had dysrythmia? When?	Yes ☐	No ☐
When was the last time you had something to eat?		
For female patients: Is there a possibility that you might be pregnant?	Yes ☐	No ☐
I hereby consent to an intravenous injection of a radioactive substance.	Yes ☐	No ☐

I confirm that I have answered the questions concerning my person to the best of my knowledge. I have been informed about the myocardial perfusion scintigraphy and the therefore needed injection of a radioactive substance. I consent to the conduct of the proposed myocardial perfusion scan. 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

Ärztliche Anamnese		
Aktivität Stress	MBq	Uhrzeit
Aktivität Rest	MBq	Uhrzeit
Charge		