



MRI SAFETY QUESTIONNAIRE

PATIENT LABEL

INITIALS for MRI:

You are about to enter a strong magnetic field. This is perfectly safe provided that you have completely and correctly answered the questions shown below.

For your safety and that of our employees:

Please leave all metallic or magnetic objects (watches, mobile phones, bank cards, keys, wallets, dentures, piercings, bras, belts, etcetera) in the changing room.

What is your weight? (necessary to optimally adjust the MRI scanner):

1 What is your weight: KG

Have you / do you have:

	YES	NO
2 recently undergone a surgical procedure (less than 6 months ago)?		
3 a pacemaker or defibrillator? (be able to present serial number & type)		
4 a metallic heart valve? (be able to present serial number & type)		
5 a neurostimulator or a bladder stimulator?		
6 a middle-ear implant (cochlear implant) or an external hearing aid?		
7 a pain pump or an insulin pump?		
8 a diabetes sensor?		
9 an aneurysm clip or surgery on a blood vessel in the brain?		
10 any tattoos or permanent make-up?		
11 any orthopaedic materials (prosthesis, screws, etcetera) or implants?		
12 a metallic object in your eye?		
13 a removable dental prosthesis or a magnetic dental prosthesis?		
14 claustrophobia?		

If you will have an MRI of the shoulder / elbow / wrist / hand / hip / knee / ankle / foot:

	YES	NO
15 Have you already undergone an operation in this area? When?/...../.....		
16 If so, which side? LEFT or RIGHT ?		
17 Have you recently had an accident or a sports accident?		
18 Have you been diagnosed with rheumatism or gout?		

If you will have an MR of the neck or back:

	YES	NO
19 Have you already undergone an operation in this area? When?/...../.....		
20 Are you experiencing radiating pain? If so, LEFT or RIGHT ?		
21 Have you recently had an accident or a sports accident?		

♀ For female patients:

	YES	NO
22 Are you (or might you) be pregnant?		
23 Are you breastfeeding?		

♀ If you will have an MRI of the chest:

	YES	NO
24 Have you already undergone an operation in this area? When?/...../.....		
25 Do you take hormonal medication?		
26 Date of last menstruation?/...../.....		

I declare that the above information is true and accurate as of the date of the examination.

SIGNATURE OF PATIENT: