

# Questionnaire

## for Magnetic Resonance Imaging (MRI) exams



MEDIZINISCH  
RADIOLOGISCHES  
INSTITUT

### Dear patient

Magnetic Resonance Imaging (MRI) uses a strong magnetic field which can interfere with metallic objects and electronic devices. It is therefore important to NOT bring metallic objects into the scanner area. Electronically controlled devices or chip cards (e.g. credit cards) can be damaged or destroyed.

Please answer the following questions by placing a mark. Please do not hesitate to ask your technologist if you have any questions and confirm that you have read and understood all questions by signing this form.

### Attention!

Before you enter the MRI examination room you have to remove: Watches, adornments, purse or wallet plus coins, hearing devices, glasses, credit cards, dental prosthesis, hairpins or hairpieces.

Credit cards and similar cards with magnetic strips will be erased when entering the examination room due to the strong magnetic field. For further details please ask the MRI personnel.

**If you have any questions, please do not hesitate to ask the MRI personnel!**

Name:

First Name:

Date of Birth:

### Do you have any of the following objects in or on your body?

	Yes	No
- Cardiac pacemaker/defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
- Neurostimulator?	<input type="checkbox"/>	<input type="checkbox"/>
- Insulin pump/medication pump or glucose sensor?	<input type="checkbox"/>	<input type="checkbox"/>
- Cochlea implant (inner ear implant)?	<input type="checkbox"/>	<input type="checkbox"/>
- Ventriculo-peritoneal shunt (VP shunt)?	<input type="checkbox"/>	<input type="checkbox"/>
- Cerebral artery aneurysm clip?	<input type="checkbox"/>	<input type="checkbox"/>
- Hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
- Removable dentures?	<input type="checkbox"/>	<input type="checkbox"/>
- Piercing / tattoos?	<input type="checkbox"/>	<input type="checkbox"/>

### Have you ever suffered a metal splinter or shooting injury?

Yes  No

### Do you suffer from renal disease or renal dysfunction?

Yes  No

### Do you suffer from allergies?

If so, which?

Yes  No

Have you ever been hospitalized for a severe allergic reaction?

Yes  No

Your height:

cm

Your weight:

kg

### Additional questions for women?

Yes  No

Are you or could you be pregnant?

Yes  No

If pregnant: How many months pregnant are you?

I fully understand the information above and have answered all questions completely.

Date:

Signature:

Rad. tech. initials: