



First name:

Last name:

Date of birth:

QUESTIONNAIRE FOR MAGNETIC RESONANCE IMAGING (MRI)

Please hand this questionnaire, completely filled in, to a staff member before the examination starts.

The Magnetic Resonance Imaging (MRI) requires a very **strong magnetic field** and **radio waves** (not x-rays).

Depending on your clinical condition, the **application of intravenous contrast medium** (via peripheral vein) might be necessary. Allergic reactions or other intolerances to this non-iodine contrast medium are nowadays considered to be extremely rare.

Because of the strong magnetic field there are strict safety measures to be maintained!

Please leave all metal and magnetic devices in the changing room such as watch, spectacles, jewellery, hearing aid, removable dentures, wallet, coins, keys, cheque cards, credit cards, pens, hair pins, mobile phone, removable metal parts on your clothing and similar. **The examination is not possible for patients with cardiac pacemaker or ear-implants!**

As a safety check we kindly ask you to answer the following questions:

1. Body weight _____ kg , Height _____ cm
2. Do you have a cardiac pacemaker, pacing wire, a breast tissue expander, or a cochlear implant? yes no
If yes, please contact the registration desk immediately! The form then does **not** need to be filled in any further.
3. Do you have any metal parts or implants in your body? – If yes, since when? yes no
(i.e.: artificial joint, vessel clip, projectile or fragment)
Attention: A copper coil has to be checked by a gynaecologist after the MRI examination.
4. Do you wear a neurostimulator or a medical drug infusor or other implants (i.e. in-ear)? yes no
If yes, what?
5. Have you ever worked with or close to machines or in an environment in which you were exposed to metal splinters or fragments that entered your body? yes no
6. Are you aware of any renal dysfunction? yes no
7. Do you have any allergies to medications, drugs or certain foods? yes no
If yes, which?
8. Have you had an allergic reaction to MRI contrast media in the past? yes no
(If you have never received contrast media before, please check "no".)
- 9a. Are you pregnant? – If yes, in which week of pregnancy? yes no
- 9b. Are you breastfeeding? yes no
10. Are you very sensitive to noise and do you need double hearing protection? yes no
11. If the radiologist considers it necessary, do you agree to having an intravenous contrast medium? yes no
12. Would you like to receive an image data set on CD-ROM **for your own use** ? yes no
(Extra charge for material costs EUR 3,-)

If you have external images (e.g. on CD-ROM) with you, please hand them in at the registration desk **before your examination**, so that a comparison is possible if necessary. They will be returned to you afterwards.

Release from the duty of medical confidentiality and consent of the inspection and evaluation of formerly archived data or images taken at other facilities:

I agree that all doctors belonging to the IBID are allowed to inspect my images and medical or radiological reports. I also agree that the images and results of my examinations may be forwarded to other doctors who are involved in my medical investigation or treatment.

yes no

Telephone or mobile number for urgent queries:

Place, date

Signature:

Attention:

> If you need a tranquillizer to overcome claustrophobia you must not drive a car or work with dangerous machines for the next 24 hours!

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