



Patient history for magnetic research

We ask you to answer the following questions for magnetic research:

	Yes	No
1. Have you had any surgeries? what: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any foreign objects in your body? (metal chips, etc.) what and where: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any of the following:		
3.1. pacemaker or any cords associated with it	<input type="checkbox"/>	<input type="checkbox"/>
3.2. transdermal patch, insulin- or pain pump	<input type="checkbox"/>	<input type="checkbox"/>
3.3. glucose meter	<input type="checkbox"/>	<input type="checkbox"/>
3.4. inner ear implant or hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
3.5. aneurysm or other surgical slips, shunts	<input type="checkbox"/>	<input type="checkbox"/>
3.6. drug-, anesthetic- or contrast medium allergy	<input type="checkbox"/>	<input type="checkbox"/>
3.7. claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>
3.8. kidney deficiency	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you pregnant or breast-feeding?	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight _____ kg		
6. Height _____ cm		

Photos and statements are stored electronically. If necessary, we can save the images to a memory stick. The memory stick also includes a viewer.

_____/_____/202_____
date

autograph

social security number