Magnetic Resonance Imaging Questionnaire

Please fill the right answers for the next questions about MRI safety

	Yes	No
Have you had any surgical operations	□	□
What kind of: _____		
Are there foreign objects in your body? (Metal fragments, piercing, etc.)	□	□
What kind of and in which body part: _____		
Do you have any of the following things:		
Cardiac pacemaker or any wires concerning to it, Artificial heart valve	□	□
Medication patch, Infusion pump, Insulin pump or PCA pump	□	□
Glucose meter	□	□
Ear (Cochlear) implant, Middle ear implant or Hearing aid	□	□
Aneurysm clip(s), Surgical clips, Shunts	□	□
Allergies concerning Medicine, Anesthetics or Contrast agents	□	□
Claustrophobia	□	□
Kidney failure disease	□	□
Are you pregnant or are you currently breast feeding?	□	□

Weight _____kg

Height ____cm

In case of using contrast medium during the examination:

Do you have diseases that can be transmitted by blood?

_____/_____202____ _____ _____

Date Signature ID