Questionnaire for magnetic resonance tomography

Patient data

Family name: ____________________________
First name: ____________________________

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Personal information ---- to be completed by the staff.

Case history:

<table>
<thead>
<tr>
<th>Creatinine:</th>
<th>GFR:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

**Protocoll:**

<table>
<thead>
<tr>
<th>Previous examination made available by patient?</th>
<th>O no</th>
<th>O yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous examination requested?</td>
<td>O no</td>
<td>O yes</td>
</tr>
</tbody>
</table>

**Where?**__________________________________ **When:**______________________

**Patient picks up report /CD**

**on:**____________________ __at:______________

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*Dear patient,*

We would like to give you some information about the MRI and ask you to answer some important questions.

The magnetic resonance imaging (MRI and MR) produces cross-sectional images of the body without radiation exposure.

The investigation is divided into a plurality of investigation portions. Each section can take up to 10 minutes. The total scan time is usually about 20 to 30 minutes. During the examination, you will hear at times a loud knocking noise.

**To achieve the best results, you should lie perfectly still during the time of examination.**

**If you suffer from claustrophobia, please do not hesitate to tell us this prior to the examination.**

However during the examination procedure, you will have the opportunity to communicate with the staff, which is constantly monitoring you. In addition, we can provide you with hearing protection device.

For some questions it may be necessary to inject contrast agent into a vein. Thereof you will perceive generally nothing. Very rarely, there may be allergic reactions such as sickness, itching or nausea, which usually subside by themselves. Extremely rare severe reactions of cardio - vascular system, swelling in the throat, respiratory distress, which make a drug and / or inpatient treatment necessary.

As with any venipuncture swelling and local irritation at the injection site are possible.

**Due to the strong magnetic field, there are some important contraindications that have to be regarded obligatory before entering the examination room.**
We therefore ask you to answer the following questions carefully (Please check one):

Has there been any of the following devices implanted?

- **heart pacemaker**
  - O no
  - O yes

- neurostimulator
  - O no
  - O yes

- **prosthesis for the inner ear** (Cochlear implantat)
  - O no
  - O yes

- insulin pump
  - O no
  - O yes

- analgesics pump
  - O no
  - O yes

- other bioelectrical implants
  - O no
  - O yes

Do you wear a hearing aid?
- O no
- O yes

Do you wear vascular stents or post surgery-clips?
- O no
- O yes

If yes, since when? ___________________________________

Do you got a bypass or arterio-venous shunt?
- O no
- O yes

If yes, since when? ___________________________________

Do you wear tattoo, piercings, permanent-make up?
- O no
- O yes

Do you wear a drug eluting patch?
- O no
- O yes

Do you wear a dental prosthesis?
- O no
- O yes

Do you have got one of these metals in the body?

- **metal/ shrapnel**
  - O no
  - O yes

- metal nail due to bone fracture
  - O no
  - O yes

- joint prosthesis
  - O no
  - O yes

Did you have had a surgery on the head or eyes?
- O no
- O yes

Did you have had a surgery on the region that will be examined now?
- O no
- O yes

If yes, when? ______________________________

Are there any allergies known to you?
- O no
- O yes

Do you suffer from kidney disease?
- O no
- O yes

Do exist any previous radiological examinations of the currently interesting region? (also x-ray or computertomography)
- O no
- O yes

If yes, when and where? ________________________

**For women** - are you pregnant?
- O no
- O yes

Are you breastfeeding?
- O no
- O yes

Please fill in your body weight: ............... kg

1. Prior to the examination it is absolutely necessary that all metal parts, such as removable dental prosthesis, jewelry, keys, lighters, coins, watches, hearing aids, glasses, etc., are left in the cabin (even credit card / EC- cards / parking ticket)

2. **Only in case of studies of the elbow or hand:**
   For proper imaging acquisition a special posture is necessary. Sometimes, problems in movement may occur temporary afterwards.

I do agree to an electronic archiving (storage) of the questionnaire.
- O yes
- O no

I do agree that the findings and images are refer to my attending physicians or hospitals or medical pratice.
- O yes
- O no

I have understood the questionnaire and answered questions conscientiously.
- O yes
- O no

I agree to a administration of contrast agent if needed.
- O yes
- O no

I have no further questions and agree with the investigation.
- O yes
- O no

Date: ______________ signature patient: __________________________

Date: ______________ signature physician: __________________________