Questionnaire for magnetic resonance tomography

Patient data

Family name: First name:

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

Case history:

Creatinine:_____ GFR:_____

Protocoll: _____

Previous examination made available by patient? *O* no *O* yes

Previous examination requested? *O* no *O* yes

Where?_____ When:_____

Patient picks up report /CD on:_____ at:_____.

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 tatoos, 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 und images are refer to my attending physicians or hospitals or medical pratices.	*O* yes	*O no*
I have understood the questionnaire and answered questions conscientiously.	*O* yes	*O no*
I agree to a adminstration 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:*** _____