



Pre-procedure health questionnaire for mri examination Examination time:

Last name and first name(s)		
Personal identity code	Height	Weight

MRI scan is a safe medical imaging procedure. Certain metal items and foreign bodies may interfere with image quality, are a risk during scanning or be broken by the strong magnetic field of the scanner. Please, answer the following questions carefully, even if you had earlier filled out the same questionnaire. Bring the form when You come to MRI examination.

Please contact your treatment unit, if you answer 'yes' to any of the following questions:

- Yes ___ No ___ A pacemaker, neurostimulation system or an inner ear implant.
- Yes ___ No ___ A medication pump (e.g. for insulin, pain-relieving drugs, etc.)
- Yes ___ No ___ Other electronic devices or wires of a removed device
- Yes ___ No ___ Metal fragments, shots or bullets
- Yes ___ No ___ Are you pregnant?
- Yes ___ No ___ Are you worried about being in a confined space?

Please, answer also the following questions (no need to call)

- Yes ___ No ___ Artificial joints
- Yes ___ No ___ Artificial heart valve
- Yes ___ No ___ Middle ear prosthesis
- Yes ___ No ___ Hearing aid (please remove for the examination)
- Yes ___ No ___ Blood vessel prosthesis, stents or shunts
- Yes ___ No ___ Venous ports or other catheters
- Yes ___ No ___ Other prostheses or implants, if yes, please specify _____
- Yes ___ No ___ Surgical clips or coils
- Yes ___ No ___ Locking plates or screws
- Yes ___ No ___ Glucose meter (has to be removed before the examination)
- Yes ___ No ___ Medication patch (has to be removed before the examination)

- Yes ___ No ___ IUD or sterilisation clips
- Yes ___ No ___ Other type of foreign body
- Yes ___ No ___ Tattoos or permanent pigmentation
- Yes ___ No ___ Body jewellery, fixed jewellery e.g. eye lash jewellery
(has to be removed before the examination)
- Yes ___ No ___ Do you have chronic kidney disease?**

If you have had surgeries, please specify (time and location): _____

If you have someone with you, he or she may, if necessary, accompany you to the diagnostic room. Please note, the accompanying person has to comply with the same safety rules as the patient.

Signed by the person who filled out the questionnaire Date

