

MRI examination pre-information form

Please answer the following questions for the MRI examination

	YES	NO
Have you had any surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify which kind? _____		
Do you have any internal objects in your body? (metal, piercing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what and where? _____		
Pacemaker, pacemaker electrodes?	<input type="checkbox"/>	<input type="checkbox"/>
Medicated patch, insulin pump, epidural stimulator	<input type="checkbox"/>	<input type="checkbox"/>
Glucose sensor	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear implant or hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm- or other surgeryclips, sunts?	<input type="checkbox"/>	<input type="checkbox"/>
Medical-, anesthetics-, or contrast agents allergy?	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>
Kidney failure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
For possible use of contrast agent: Do you have any blood-borne disease?	<input type="checkbox"/>	<input type="checkbox"/>

Height _____ cm

Weight _____ kg

_____/____/202____

Date

Signature

Pers. identification number