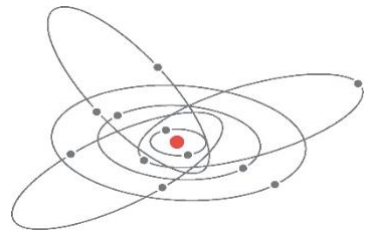


# MRI QUESTIONNAIRE (Magnetic Resonance Imaging)



Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient No: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you have a pacemaker? Yes  No

Are there metallic or electronic implants in your body? Yes  No

(e.g. drug pumps, tongue pacemakers, brain pacemakers, heart valves, splinters, joint prostheses, piercings, defibrillators, event recorders, hearing aids, cochlear implants, stents)

If yes: Where are the implants located: \_\_\_\_\_

Do you suffer from infectious diseases (hepatitis, TB, HIV) Yes  No

Do you suffer from kidney dysfunction? Yes  No

Are you on dialysis? Yes  No

Have you had heart or head surgery? Yes  No

Have you ever had an MRI? Yes  No

Did any reactions to contrast agents occur during previous examinations?  
Yes  No

Could you be pregnant right now? Yes  No

Are you currently breastfeeding your child? Yes  No

Are you using an intrauterine device (IUD)? Yes  No

(If so, please have it checked by your gynecologist after the examination!)

Body weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

I consent to the examination Yes  No

I consent to a possible administration of contrast agent Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

⇒ ⇒ Please turn over !! ⇒ ⇒

## **WHAT IS MAGNETIC RESONANCE IMAGING (MRI)?**

Magnetic resonance imaging uses magnetic fields rather than X-rays. According to the current state of knowledge, no harmful effects on your body are to be expected.

Before the examination, you should remove all magnetic, electronic, and metal objects and leave them in the dressing room. The examination takes about 20 to 30 minutes.

During the examination you will hear knocking noises, which do not pose any danger. You will receive hearing protection from us. In addition, you will be connected to a loudspeaker system.

Any contrast agent that may be necessary is administered via a vein. The contrast agents are usually very well tolerated. Allergic reactions occur in very rare cases.

## **PATIENT INFORMATION ON DATA PROTECTION**

Information on data protection can be found on our notice in the practice. We have also prepared a flyer for you which is available upon request.

### **CONSENT TO THE TRANSFER OF DATA TO THIRD PARTIES**

I agree that my treatment data (findings, images, laboratory results) may be transmitted to my family doctor, referring doctor, and/or further treating doctors or clinics for documentation and treatment purposes and that this may also be done in electronic form (e.g. fax).

**This consent can be revoked at any time with effect for the future and without giving reasons.**

Munich, \_\_\_\_\_ Signature \_\_\_\_\_