



## Questionnaire Magnetic Resonance Imaging (MRI)

To be able to evaluate your potentially increased risk, we ask that you kindly answer the following questions.

|                 |          |             |             |          |
|-----------------|----------|-------------|-------------|----------|
| Name of patient |          |             |             |          |
| Date of birth   | Room Nr. | Weight (kg) | Height (cm) | Krea/GFR |

Have you ever undergone an MRI scan? Yes  No

If yes, did any problems arise? Please specify:

Do you suffer from claustrophobia?

Do you suffer from kidney disease or have you ever had kidney surgery?

Are you suffering from diabetes?

Do you have allergies or drug intolerances\*?

If yes, please specify:

Do you have asthma?

Do you currently have or have you ever had a pace maker?

Did you ever undergo surgery of the heart, head or a joint?

If yes, do you have any implants, please specify?

E.g. defibrillator, heart valve, ear implant, aneurysm clip, insulin pump, pain control pump, prosthetic joint, shunt, part-a-cath, stent

Please take your implant pass to examination!

Do you have any metal pieces or fragments in your body?

E.g. medullary nail ...

If yes, please specify:

Do you have any tattoos, are you wearing body jewellery (piercings)?

For female patients: Is there a possibility that you might be pregnant?

For female patients: Are you using the spiral for birth control?

I agree to receive an injection with a contrast medium.

If MRI of prostate: Do you know your PSA?

I confirm that I have read and understood the text and that I have answered the questions concerning my person to the best of my knowledge. I consent to the conduct of the proposed MRI examination. My questions have been adequately answered during a personal conversation.

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| Date/time | Patient's signature<br>or legal guardian's signature | Physician's name and signature | Med. tech. employee's name<br>and signature |
|-----------|--|--------------------------------|---|

\* Allergic reactions to MRI contrast media are extremely rare. Allergies to iodine are irrelevant in connection with this examination.