



MRI QUESTIONNAIRE

The following information is very important to ensure safety and protection and prevent interference with the MRI scan. Please answer all questions.

Name:	Weight:
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	YES	NO	DON'T KNOW
Pacemaker			
Aneurysm clip or any other metallic surgical clips in your head			
Heart Surgery / Stent / Valve Replacements			
Vena Cava Filter			
Prosthesis (eye; breast; etc)			
Cochlear Implants (ear) Hearing Aid			
Shrapnel or other metal in eye or body			
Neurostimulator			
Any other implants (Screws; Plates; Rods; Joint Replacements; etc.)			
Are you pregnant?			
Claustrophobia			

Please remove all hairclips, jewellery and metal artefacts.

Credit / Bank cards, magnetic storage media, cell phones and watches will be destroyed by the magnetic field. Please remove.

I hereby acknowledge that the potential risks of the examination will be explained to me and that during the course of the investigation it may be necessary for the administration of intravenous contrast media.

Signature:	Date:
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Patient Number Barcode	FOR OFFICE USE ONLY	Document Type Barcode Mr Questionnaire
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