



Questionare before medical examination by magnetic resonance (MRI – Magnetic resonance imaging)

Name and surname Personal id.num.

Body weight kg Height..... cm

Email : Phone num.:

Please, fulfill the questionare carefully and truthfully!

If you answer is **YES**, please, specify more details below the table.

Do you have a pacemaker or a heart defibrillator ? Or have you had?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have aneurysm clips in your brain?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Did you have any other operations (heart valve, cardiac bypass, surgery of the brain, vessels, eye, kidney)? When?	
Did you have an operation on a cerebral artery aneurysm? When?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Did you have an operation of artificial joint or bone fracture (joint replacement, metal splint, screws)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have a vascular implant (stent, coil, filter)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have an electronic implants (Insuline pump, Cochlear implants, hearing aid)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have any metal fragments in your eye?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have any metal foreign object in your body? (Needle, wire, splint, shrapnel, small shots, bullet)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have a dental prosthesis, braces, metal bridges?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have tatoos or body piercings? Where?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you have severe kidney disaese, or are you a diabetic?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you suffer from severe allergies (include reaction to contrast agent)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
For female patients: Are you pregnant or currently breastfeeding?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you want an examination result from our Doctor or you have your own Doctor for Description of MRI? If YES, please who?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Do you suffer Claustrophobia?	NO <input type="checkbox"/> YES <input type="checkbox"/>



INFORMATION ABOUT EXAMINATION

Magnetic resonance (MRI) works on principle of hydrogen protons in strong magnetic field, together with electromagnetic energy.

Until today there are no proofs for any harmful effects of this examination. Anyway we better do not make it for **pregnance** women.

Please, come 15 minutes earlier!

Please, leave your jewellery at home (you have to put it off before examination anyway).

Please note that, the examined body part must be naked and for the rest of your body put on cloth without any metal decorations, woman bra without metal hooks.

There can be quite cold during an examination and it takes about 45 minutes to do not move state.

So, if you have severe pain, consult with your Doctor about using analgetics.

During examination there is a little bit of noise (because of rapid changing of strong magnetic fields).

I declare, I understand and I agree with MR examination.

Patient Signature: Date:

Contraindications are

NO **YES**

Short personal anamnesis:

Radiolog assistant Signature

Date