

MRI scan questionnaire

Radiology department

location Alkmaar

location Den Helder

You or your child soon will be undergoing an MRI examination. You received information regarding this examination. For your safety and/or any interference with the image, we ask you to complete this form in advance and hand it in to the employee of the radiology department.

1.	Does your body contain metallic, electrical or mechanical objects such as:	yes	no
		<input type="checkbox"/>	<input type="checkbox"/>
	pacemaker / internal defibrillator (ICD) or internal heart rate monitor	<input type="checkbox"/>	<input type="checkbox"/>
	An artificial heart valve	<input type="checkbox"/>	<input type="checkbox"/>
	Neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>
	A blood glucose meter or an insulin pump placed directly in or on your skin	<input type="checkbox"/>	<input type="checkbox"/>
	An inner ear implant	<input type="checkbox"/>	<input type="checkbox"/>
	A port-a-cath (internal medication delivery system)	<input type="checkbox"/>	<input type="checkbox"/>
	A temporary breast prosthesis (permanent breast prosthesis is no problem)	<input type="checkbox"/>	<input type="checkbox"/>
	Wires left after implant removal (pacemaker/ICD/neurostimulator/pump or similar)	<input type="checkbox"/>	<input type="checkbox"/>
	An internal pump/implant	<input type="checkbox"/>	<input type="checkbox"/>
	(Chance of) metal splinter(s), bullet(s) or other metal object	<input type="checkbox"/>	<input type="checkbox"/>
	An artificial lens with metal clips (no metal clips are used in cataract surgery)	<input type="checkbox"/>	<input type="checkbox"/>
	An aneurysm clip in the head from before 2001	<input type="checkbox"/>	<input type="checkbox"/>
	An implant in the jaw with magnets to hold your dentures	<input type="checkbox"/>	<input type="checkbox"/>
	Other clips, stents, or drains elsewhere in the body	<input type="checkbox"/>	<input type="checkbox"/>

Do you have other implants?

.....

2.	Various questions:		
	Are you (possibly) pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you dependent on a wheelchair or hoist?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had an allergic reaction to MRI contrast (gadolinium) in the past?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have renal impairment?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you claustrophobic?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you known with problems getting injections that special precautions are needed?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had surgery recently (less than 3 months)?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any details you would like to report to us?

.....

(Metal) objects such as hairpins, jewelry, glasses, hearing aid, watches, bank cards, coins, mobile phones **are not allowed in the examination room!**

name:	date of birth:
length:.....cm weight:.....kg	
signature:	signature parent/guardian:

To be completed by the technician:

Naam patiënt:

Geboortedatum:

Zisnummer: ...Are you known with problems getting injections that special precautions are needed?

Datum onderzoek:

Contrastmiddel	Gadovist / Dotarem / Primovist	
Soort -, merknaam		
Totale hoeveelheid		
Lotnummer contrast		
Klaargemaakt door		
Gecontroleerd door		
Ingespoten door (+ dubbelcheck)	paraaf:	paraaf:
Reacties op contrastvloeistof	ja	nee
Toegediende medicatie		
Gevolgen voor patiënt		
Is er afgeweken van het protocol	ja	nee
Zo ja, de reden:		

Medicatie (indien van toepassing)

Buscopan	dosis.....	paraaf:	paraaf:
	dosis.....	paraaf:	paraaf:
	dosis.....	paraaf:	paraaf:
	dosis.....	paraaf:	paraaf: