

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. By completing the questions below we will be aware of any foreign objects in your body, which could possibly be dangerous or could interfere with the images. Please read this form carefully.

1.	Does your body contain metallic, electrical or mechanical objects such as:	yes	no
	pacemaker / internal defibrillator (ICD)	<input type="checkbox"/>	<input type="checkbox"/>
	neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>
	metalfragment in eye (have had) or anywhere else	<input type="checkbox"/>	<input type="checkbox"/>
	breast prosthesis with a metal valve	<input type="checkbox"/>	<input type="checkbox"/>
	aneurysm clip (head) brought in before 2000 or coil	<input type="checkbox"/>	<input type="checkbox"/>
	electrical / magnetical internal implant or pump	<input type="checkbox"/>	<input type="checkbox"/>
	inner ear implant	<input type="checkbox"/>	<input type="checkbox"/>
	wounded by metal shards	<input type="checkbox"/>	<input type="checkbox"/>
	implant in the area under examination	<input type="checkbox"/>	<input type="checkbox"/>
	Have you undergone surgery in the past 6 weeks and have implants, vascular clips or stents been inserted?	<input type="checkbox"/>	<input type="checkbox"/>
2.	General questions:		
	Do you suffer from claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you allergic to contrast medium?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have a reduced kidney function/ diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you pregnant or do you think you might be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you agree with a possible administration of contrast medium?	yes	no

Is there any other medical information you need to tell 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:

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: