

Patient's questionnaire for MAGNETIC RESONANCE IMAGING (MRI) examination

FIRST NAME _____ SURNAME _____

PERSONAL CODE _____ WEIGHT (kg) _____

Your registered place of residence: _____

Please circle as appropriate!

- | | | |
|---|-----|----|
| 1. Have you ever had a heart surgery? | Yes | No |
| If "Yes", please specify:
_____ | | |
| <i>(a cardiac pacemaker, artificial heart valve etc.)</i> | | |
| 2. Are there any pieces of metal in your body? | Yes | No |
| If "Yes", please specify:
_____ | | |
| <i>(endoprotheses, metal screws, particles, bullets)</i> | | |
| 3. Do you have a hearing aid? | Yes | No |
| 4. Have you ever had a head, back surgery? | Yes | No |
| If "Yes", please specify which and when:
_____ | | |
| 5. Do you have allergic reactions to any medical products? | Yes | No |
| If "Yes", please specify:
_____ | | |
| <i>(name of the drug)</i> | | |
| 6. For women only: Is there a possibility that you may be pregnant? | Yes | No |
| 7. Are you claustrophobic? | Yes | No |
| 8. Do you have tattoo? | Yes | No |

I certify that the information provided here is true and correct.

I consent to having an MRI examination and agree to pay the fee for it.

In case of children below 18 the Questionnaire is to be filled in by their parents or legal custodians.

I am informed about possible burns on body parts with tattoos.

All the information provided by you will be treated as confidential and will not be disclosed to any party outside the medical institution. Sensitive ID data will be used for purposes of medical treatment only.

Patient: _____
(name, surname) (signature)

Date: _____ **Time:** _____

Notes (to be filled in by Radiologist Assistant), MRI scan performed by _____

