albert schweitzer

MRI vragenlijst Engels

MRI questionnaire

Strict precautions are necessary when conducting MRI exams.
Due to the magnetic field, it is generally **not possible** to perform MRIs on people who have **a pacemaker or ICD (implantable cardioverter defibrillator), cochlear implants**, **an internal nerve- or neurostimulator or a tissue expander**.

Please answer the questions below at home as quickly as possible. If you answer "yes" to any of questions 1 - 12, please call the Radiology Department as soon as possible on (078) 654 71 90. Even if you are unsure, please call the Radiology Outpatient Clinic. You can do so from Monday to Friday between the hours of 8:00 am - 4:30 pm. Additional precautions may be needed or the MRI exam may have to be postponed.

1.	Do you have an artificial heart valve?	❑ yes	❑ no
2.	Do you currently have or have you ever had a pacemaker, ICD (implantable cardioverter defibrillator) or an ILR (implantable loop recorder)?	❑ yes	❑ no
3.	Have you ever had clips or stents inserted into your blood vessels?	❑ yes	❑ no
4.	Do you have a nerve- or a neurostimulator?	❑ yes	❑ no
5.	Do you have a tissue expander?	❑ yes	❑ no
6.	Do you have an insulin or other pump in or on your body? Do you have a glucose monitoring system (patch)?	❑ yes	❑ no
7.	Do you have an artificial lens with metal clips?	❑ yes	❑ no
8.	Do you have cochlear implants?	❑ yes	❑ no
9.	Do you have magnetic implants in your jaw?	❑ yes	❑ no
10.	Are you pregnant or do you think you might be?	❑ yes	❑ no

11.	Do you have or have you ever had metal splinters in your eye?	❑ yes	❑ no
12.	Do you currently work or have you worked in the metal industry?	❑ yes	❑ no
13.	Do you have any metal or plastic materials in your body? For example, prostheses?	❑ yes	❑ no
14.	Have you ever undergone surgery?	❑ yes	❑ no
15.	Do you have a hearing aid?	❑ yes	❑ no
16.	Do you have any tattoos?	❑ yes	❑ no
17.	Do you have any piercings?	❑ yes	❑ no
18.	Do you have a medication patch?	❑ yes	❑ no
19.	Do you use zinc (oxide) ointment?	❑ yes	❑ no

Your name: _____

Your date of birth: _____

Your weight: _____ kg and height: _____ m

Remember to bring this completed questionnaire with you to your appointment.