

## Safety Screening Form for MRI

Please also read the information leaflet

MRI is an examination where a strong magnetic field and radiowaves are used. Therefore it is very important that you fill out the questions below. Please bring this form with you on the day of your appointment. If you forget this form, your examination could be delayed. Have you filled out the form digitally in MijnAmphia, then you don't need to bring it to your appointment.

	No	Yes
1. Do you have a pacemaker or ICD?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have clips or stents in your bloodvessels? (for example a head operation with clips before 2000?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever worked with metal and could it be possible that you have (small) metal fragments in your eyes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a neurostimulator?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have an insuliepump? If so, can you disconnect it yourself?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Have you got any cochlear (ear) implants?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a heartvalve replacement?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had surgery on your heart less then a year ago?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had a joint replacement less then a year ago?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had an operation less then 6 weeks ago (despite the use of metal)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a dental replacement with magnets? You don't need to contact us, if there are only magnets in the replacement and not in the jaw.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a ligament replacement? For example a hip, knee or shoulder replacement?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you wearing a glucose meter/ glucose sensor band aid (for example a Freestyle Libre)? If so, this needs to be removed before the examination.	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a device to stretch the skin (tissue expander)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you suffer from claustrofobia?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you allergic to certain medications? If so, which ones?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is it always difficult to put in an IV and do you need specialised help to do this?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is your hearing impaired? If so, please tell us before the MRI starts.	<input type="checkbox"/>	<input type="checkbox"/>
19. How tall are you (in centimeters)?		cm
20. How much do you weigh (in kilos)?		kg

Please fill out the next page

**To be filled out only by female patients:**

	No	Yes
21. Are you, or could you, be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have a contraceptive coil? If you have a Mirena, Adiana silicone or Essure implant, you don't need to contact us.	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you breastfeed? If so, you can pump your milk beforehand, so that your baby can drink this milk 24 hours after the examination. If you have had dye during the examination, you should pump the milk for 24 hours after the examination and throw it away.	<input type="checkbox"/>	<input type="checkbox"/>

**To be filled in by patients who have an appointment for an MRI of the prostate, small intestine, uterus and/or cervix:**

	No	Yes
24. Do you have claucoma (increased eye pressure)?	<input type="checkbox"/>	<input type="checkbox"/>

**To be filled in by patients who have an appointment for an MRI of the heart:**

	No	Yes
25. Do you suffer from chronic Bronchitis, asthma of lung Emfysema and are you using inhalers?	<input type="checkbox"/>	<input type="checkbox"/>

Did you answer one or more of these questions with 'yes'? **Please contact the Radiology Department of Amphia on the following number (076) 595 10 86.**

Please bring this form with you on the day of your appointment. If you forget this form, your examination could be delayed.

I acknowledge that I have read, I understand and have answered all of the above questions.

**Name**

**Date**

**Signature**

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