

## 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 Mijn Amphia, 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 the bloodvessels of your head? If so, please contact the Radiology Department.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have clips or stents in the bloodvessels in the rest of your body? If these clips are placed after the year 2000, you don't have to contact the Radiology Department.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have metal (splinters/ fragments) in your body due to work in the metal industry, war violence or other unforeseen circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a neurostimulator?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have an insulinpump? If so, please disconnect it yourself, otherwise the examination cannot proceed.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you got any cochlear (ear) implants?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a heartvalve replacement? If it is a heartvalve replacement after the year 2000, you don't have to contact the Radiology Department.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had an operation less then 6 weeks ago (despite the use of metal)?	<input type="checkbox"/>	<input type="checkbox"/>
10. 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"/>
11. Have you had a ligament replacement? For example a Hip, Knee or Shoulder replacement?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you wearing a Glucose meter/ Glucose sensor band aid (bv. Freestyle Libre)? If so, this needs to be removed before the examination.	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a device to stretch the skin (tissue expander)? If so, the examination cannot proceed. Please contact your referring doctor	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you suffer from claustrofobia?	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes
15. Are you allergic to certain medications? If so, which?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is it always difficult to put in an IV and do you need specialised help to do this?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is your hearing impaired? If so, please tell us before the MRI starts	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out the next page

18. How tall are you (in centimeters)?	cm
19. How much do you weigh (in kilos)?	kg

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

	No	Yes
20. Are you, or could you, be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
21. 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 this 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
22. 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
23. 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**