MRI Safety Screening Questionnaire (English)

Please also read the information leaflet on mijnAmphia or on the website Amphia.nl.

MRI is an examination where a strong magnetic field is used. Therefore, it is very important that you fill out the questions below.

If you answer one of the sequestions from the first chart: **Please take contact with Radiology (076 - 595 10 86).**

Do you have:	**Yes**	**No**
A pacemaker or ICD? If Yes, which:	☐	☐
A neurostimulator? If Yes, which:	☐	☐
An internal pain pump or internal medication pump? If Yes, which:	☐	☐
A cochleaire (ear) implant? If Yes, which:	☐	☐
Metal (splinters/ fragments) in your body due to work in the metal industry, war violence or other unforeseen circumstances?	☐	☐
A device to stretch the skin (tissue expander)? If so, the examination cannot proceed. Please also contact your referring doctor	☐	☐

You don't have to call if you answer Yes to the next questions. **Do you have:**	**Yes**	**No**
A heartvalve replacement? If it is a heartvalve replacement before the year 2000, please contact radiology.	☐	☐
Clips or stents in the bloodvessels in the rest of your body? If the clips or stents are placed before the year 2000, please contact radiology.	☐	☐
An insulinepump? If so, please disconnect it yourself. Otherwise the examination cannot proceed.	☐	☐
A dental replacement with magnets? Please remove before the MRI.	☐	☐
Metal in your body due to an operation? For example artificial joint. Contact radiology if it 's placed less then 6 weeks ago.	☐	☐
A Glucose meter/ Glucose sensor band aid, for example Freestyle Libre? If so, this needs to be removed before the examination.	☐	☐
Do you suffer from claustrofobia?	☐	☐
Is it always difficult to put in an IV and do you need specialised help to do this?	☐	☐

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To be filled in only by female patients:	Yes	No
Are you, or could you, be pregnant? When Yes, please contact radiology.	☐	☐

To be filled in by patients who have an appointment for an MRI of the prostate, small intestine, uterus and/or cervix:	Yes	No
Do you have claucoma (increased eye pressure)?	☐	☐

To be filled in by patients who have an appointment for an MRI of the heart:	Yes	No
Do you suffer from chronic Bronchitis, astma or lung Emfysema and/or are you using inhalers?	☐	☐
Did you read the “MRI-Hart folder” for preparation (voorbereiding)?	☐	☐

How tall are you?	cm
How much do you weigh?	kg

Please bring this form with you on the day of your appointment or fill in the form online on ”mijnAmphia”. If you forget to fill this form, the examination could be delayed. If you did the questionnaire on mijnAmphia then don’t print out.

I understand and have answered all of the above questions.

Date **Signature**

Preparation for all MRI-exam: We advise you to wear comfortable clothing **Without any metal** in it. For example: T-shirt, sweatpants or pajamas You must remove all jewellery or other metal objects before the examination. Metal and magnetic objects must be kept outside the scanning room. This includes phones, cards, hairpins, and keys. Leave valuables at home.