Questionnaire for attendants who enter the MRI examination room

For your safety, please fill in this questionnaire as carefully and in as much detail as possible.

Tick boxes that apply:

• (possibly) pregnant?	O no	O yes
• pacemaker (and/or leads), defibrillator (ICD), loop recorder (reveal)	O no	O yes
• artificial heart valve or stent(s)	O no	O yes
• brain aneurysm clips	O no	O yes
• inserted electrodes (e.g. ear implant or neurostimulator)	O no	O yes
• Continuous Glucose Measurement meter and/or Flash Glucose Monitoring (e.g. Freestyle Libre)	O no	O yes
• do you (possibly) have metal splinters in your eyes?	O no	O yes
• do you have metal elsewhere in your body?	O no	O yes

The following objects need to stay out of the MRI examination room:
• hearing aid • cards with magnetic strip • keys • watch • wallet / coins • writing materials • phone • other metal objects • insulin pump

I declare that the above information has been completed correctly and to the best of my knowledge.

Name attendant: _____

Date of birth attendant: _____

Signature attendant: _____

Name patient: _____

Date of birth patient: _____

Date of MRI-scan: _____