Questionnaire for MRI patient safety

This questionnaire applies to your MRI examination. For your safety, please fill it in as carefully and in as much detail as possible. The examination cannot take place if you do not complete the questionnaire.

This questionnaire will be available in your MijnMMC portal 14 days before the date of your MRI examination under the heading “In te vullen vragenlijsten”. You can answer and submit the questions digitally. If that is not possible, you can fill in the questionnaire on paper. Please bring it with you when you come to the hospital for the MRI examination.

If you answer “yes” to one or more of the questions in the list, please contact us. And if you have any other questions, please call radiology: +31 40 888 90 00.

Name:
Date of birth:
Telephone number:
Date of MRI examination:

What is your weight in kg?
How tall are you in cm?

- Are you familiar with allergies to contrast agents, Buscopan or Glucagen? **no / yes**
  If yes, which ones:
- Do you have claustrophobia (feeling anxious in a small space)? **no / yes**
  If yes, please contact the referring doctor or GP, who may be able to prescribe you medication.
- Do you (possibly) have metal splinters in your eyes? **no / yes**
- Do you have metal elsewhere in your body? **no / yes**
- Do you have poor kidney function and/or are you on dialysis? **no / yes**
- Are you (possibly) pregnant? **no / yes**

Do you have any of the items below in your body:

- Pacemaker (and/or leads) **no / yes**
  A device that can be inserted under the skin to support the heartbeat.
- Defibrillator (ICD) **no / yes**
  A device that can be inserted under the skin and deliver an electric shock to the heart to restore normal rhythm.

- Loop recorder **no / yes**
  A loop recorder automatically records and stores the cardiac arrhythmia.

- Artificial heart valve **no / yes**
  A mechanical heart valve is made of plastic and metal.

- Stents in blood vessels **no / yes**
  A metal or plastic tube inserted into a vessel in a patient's body.

- Neurostimulator **no / yes**
  A device that can control organs or relieve pain.

- Brain aneurysm clips **no / yes**
  These are clips used in surgery.

- Ear implant: cochlear implant or BAHA with magnetic attachment **no / yes**
  A device surgically inserted in the ear.

- Temporary breast prosthesis/tissue expander **no / yes**
  A balloon that allows tissue of the breast to be stretched. A permanent breast augmentation is no problem.

- Continuous Glucose Measurement meter and/or Flash Glucose Monitoring (e.g. Freestyle Libre) **no / yes**
  A sensor that measures glucose and can control an insulin pump. The meter should be removed before the examination. You can try to schedule your MRI on a changeover day.

- Copper IUD **no / yes**
  Mirena IUD does not contain copper.

- Other **no / yes**
  Any other devices/objects that may be inside the body.

Did you answer **YES** to any of the previous questions?
Please fill in as much information as possible about the device/object.

Type of implant/device:
Manufacturer:
Model name/number:
Name of hospital where implant was fitted:
Year of surgery: