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# Magnetic Resonance Imaging (MRI) Examination Questionnaire

**Height** _____ **Weight** _____

**Your safety is important to us. Please read the following questions carefully and fill them out as accurately as possible:**

| | YES | NO |
|---|---|---|
| Do you have a pacemaker or cardiac defibrillator (ICD)? | ◯ | ◯ |
| Have you had any eye injuries (such as metal shavings, metal splinters, etc. in the eye)? | ◯ | ◯ |
| Do you have a hearing implant / implanted medication pump / implanted neurostimulator? | ◯ | ◯ |

**If you answered YES to the previous questions, please consult your physician regarding the safety of the examination.**

| | YES | NO |
|---|---|---|
| Have you had any surgical procedures or operations in the last 3 months? | ◯ | ◯ |

Please specify which ones: _____

**Please indicate if you have any of the following:**

| | YES | NO |
|---|---|---|
| • Have you had any surgeries in the last 3 months, after which closures, coils, clips, clamps, or stents were placed in your body (in the head, veins, arteries)? | ◯ | ◯ |
| • Any internal electronic implants, stimulators, or other devices? | ◯ | ◯ |
| • Any internal electrodes or wires? | ◯ | ◯ |
| • Joint or bone prosthesis, metal screw / nail / wire / loop / plate for fracture fixation? | ◯ | ◯ |
| • Shunt (in the brain, spine, blood vessel)? | ◯ | ◯ |
| • Prosthesis (in the heart, eye, limb)? | ◯ | ◯ |
| • Any metal fragments or foreign bodies in your body? | ◯ | ◯ |
| • Tattoos or permanent makeup or metal body decorations? | ◯ | ◯ |
| • Dental implants placed in the last 3 months? | ◯ | ◯ |

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| **Do you have any of the following:** | YES | NO |
|---|---|---|
| • Claustrophobia (fear of enclosed spaces)? | ◯ | ◯ |
| • Involuntary movements, muscle twitches? | ◯ | ◯ |
| • Breathing disorders (asthma, cough)? | ◯ | ◯ |
| • Kidney diseases, kidney failure? | ◯ | ◯ |
| • Question for women: Are you pregnant? | ◯ | ◯ |

**Remove all metal items before the examination, including a glucose sensor, medical patches, and/or hearing implant.**

**Joint prostheses, sterilization clips, dental prostheses/implants, or braces usually do not hinder the examination. If you have a prosthesis or implant card, please bring it with you.**

**Patient Confirmation**

◯ I have read the magnetic resonance imaging (MRI) information sheet and fully understood its content.

◯ I confirm that I have been informed about the nature of MRI, contraindications, and preparation for the examination. I confirm that I have been given the opportunity to ask questions about the MRI and understood the answers provided.

◯ I agree to the MRI examination and, if necessary, the administration of contrast media.

◯ I agree to the MRI examination but refuse the administration of contrast material.

Date: .....

Signature: .....

**If you have any questions, you can contact us at mrt@cranfeld.ee**