# **PATIENTENETIKETT**



# MRI QUESTIONNAIRE

MEDICAL I	HISTORY		This <sub>I</sub>	This part will be completed by an assistant			
Operation in	n the area being	gexamined? Which			O yes	O no	
Injuries/ trauma in the area being examined? Which ones? When?						O yes	O no
Pain? Where	e, since when?						
O right	O left	O internal	O external	O front	O back	O none	
To avoid co	omplications,	please answer th	he following qu	uestions:			
1. Do you or did you have a pacemaker?							O no
2. Have you had an operation on your heart, head or a joint?							O no
Do you have an implant? e.g. defibrillator, heart valve, ear implant, aneurysm clip, insulin or analgesics pump, prosthetic joint, shunt, stent?  Which?						O yes	O no
3. Do you have metal parts or splinters (medullary nail, ) in your body? Which?						O yes	O no
4. Have you ever previously had an MRI examination?						O yes	O no
5. Have you	ı been diagnose	d with any of the foll	owing diseases?				
Diabetes						O yes	O no
Protein i						O yes	O no
Gout	od pressure					O yes	O no
Kidney disease or operation on the kidneys / adrenal glands?						O yes O yes	O no O no
-	medications do	•	7 adrenai giana	J:		O yes	
6. Do you have or have you had a primary disease or tumour?  If so, which ones?						O yes	O no
7. Do you have any allergies, asthma or drug intolerance? Which?						O yes	O no
Allergic re	actions to MRI con	ntrast medium are extre	mely rare. lodine all	ergies do not play	any role in this exan	nination.	
8. Are you tattooed or have permanent makeup or piercings?						O yes	O no
9. For wom	en of childbeari	ng age: Could you b	e pregnant?			O yes	O no
10. Body we	ight:	kg Height:	cm				
I agree with th		ing items prior to the ex the proposed study and derstood the text.		_			
Date Patient's signature or name/signature of accompanying person				1	Signature of i	nformant	



# INFORMATION ON MAGNET RESONANCE IMAGING (MRI)

# **Dear patient!**

You have been referred by your doctor/physician for an MRI (magnetic resonance imaging/nuclear spin tomography) scan.

#### Here are some details:

#### What is an MRI?

A strong magnetic field induces radio waves that pass through the body. The resulting signals are received, evaluated by a computer and converted into an image signal. No X-ray radiation is involved!

### How is the examination performed?

You will lie on a movable table which, depending on the examination, moves various distances into a tubular device. During the examination, you will hear loud knocking and vibration noises, which are caused by electromagnetic switching. To lessen the impact, you will receive headphones or earplugs.

Basically, it is extremely important that you do not move during the examination. Depending on the body region and issue (symptom), the examination lasts about 15 to 30 minutes. In some studies, it is necessary to hold your breath. You should follow the breathing instructions received over the loudspeaker.

# What is the purpose the contrast medium?

In some studies, it is necessary for you to be administered a paramagnetic contrast medium through an arm vein. It is required for the imaging of certain organs and pathological changes.

Caution is required in cases of chronic kidney failure, and we therefore need the following current laboratory values from you (not older than 1 month) before administering the required contrast medium: **Creatinine/GFR**.

# Does the contrast medium cause any complications?

As with any injection, pain, bruising and, in rare cases, infection may occur at the injection site. The known side-effects of radiographic contrast media are not, however, known to result from the use of MR contrast medium, even typical allergies are rare. Iodine allergies do not play any role in this examination.

Throughout the examination, you are under the supervision of qualified personnel.

We can see you constantly, you can always make contact using an alarm bell and the examination can be terminated at any time.