# MRI QUESTIONNAIRE

## MEDICAL HISTORY

This part will be completed by an assistant

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation in the area being examined? Which ones? When?</td>
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<tr>
<td>Injuries/ trauma in the area being examined? Which ones? When?</td>
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<td>Pain? Where, since when?</td>
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<tr>
<td>o none</td>
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</tbody>
</table>

To avoid complications, please answer the following questions:

1. Do you or did you have a pacemaker?                                       |     |    |
2. Have you had an operation on your heart, head or a joint?  
   Do you have an implant? e.g. defibrillator, heart valve, ear implant, aneurysm clip,  
   insulin or analgesics pump, prosthetic joint, shunt, stent?  
   Which?                                                               |     |    |
3. Do you have metal parts or splinters (medullary nail, ...) in your body?  
   Which?                                                               |     |    |
4. Have you ever previously had an MRI examination?                         |     |    |
5. Have you been diagnosed with any of the following diseases?  
   Diabetes                                                             |     |    |
   Protein in urine                                                       |     |    |
   High blood pressure                                                    |     |    |
   Gout                                                                   |     |    |
   Kidney disease or operation on the kidneys / adrenal glands?           |     |    |
   If so, which medications do you take?                                 |     |    |
6. Do you have or have you had a primary disease or tumour?                |     |    |
   If so, which ones?                                                    |     |    |
7. Do you have any allergies, asthma or drug intolerance?                 |     |    |
   Which?                                                                |     |    |
8. Are you tattooed or have permanent makeup or piercings?                |     |    |
9. For women of childbearing age: Could you be pregnant?                  |     |    |
10. Body weight:                                                           |     |    |
    Height:                                                                |     |    |

Please remove all metal-containing items prior to the examination (e.g. hearing aids, watch, false teeth, jewellery)
I agree with the performance of the proposed study and administration of contrast medium through a necessary venous access.
I confirm that I have read and understood the text.

Date          Patient’s signature or name/signature of accompanying person  Signature of informant
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.