

MRI SAFETY SCREENING QUESTIONNAIRE

Name and Surname _____ Date of birth ____/____/____

Body region that we are scanning _____

CONTRAINDICATIONS TO CARRYING OUT OF MEDICAL INVESTIGATION

- Cardiac pacemaker or implanted cardioverter defibrillator/ICD
- Presence of ferromagnetic implants (or not ascertainable compatibility with magnetic fields) positioned in the intracranial, endovascular or likely to passive mobility

Do you have any of the devices in/on your body (please tick):

Are you claustrophobic?YES ☐ NO ☐

Have you worked extensively with metal?YES ☐ NO ☐

Are you involved in a car or hunting accident?YES ☐ NO ☐

Are you involved in an explosion?YES ☐ NO ☐

Are you pregnant?YES ☐ NO ☐

If you are still menstruating, please provide the date of your last period:/...../.....

Have you had any surgery on:

HeadYES ☐ NO ☐

NeckYES ☐ NO ☐

ChestYES ☐ NO ☐

AbdomenYES ☐ NO ☐

Extremities lower/upperYES ☐ NO ☐

OtherYES ☐ NO ☐

Do you have:

Injured by a metal object (shrapnel, bullet, BB)

and required medical attentionYES ☐ NO ☐

Aneurysm clip(s).....YES ☐ NO ☐

Artificial heart value, coil, filter and/or stentYES ☐ NO ☐

Spinal fixation device, spinal fusion and/or halo vest, spinal cord stimulator ...YES ☐ NO ☐

External drug pump (for Insulin or other medicine)YES ☐ NO ☐

Pacemaker cardiaco o altri tipi di cateteri cardiaciYES ☐ NO ☐

Ear (Cochlear) implant, middle ear implantYES ☐ NO ☐

Neurostimulator-TENS Unit, Biostimulator, bone

growth stimulator, DBS, VNS.....YES ☐ NO ☐

An intrauterine contraceptive deviceYES ☐ NO ☐

Penile implantYES ☐ NO ☐



Implanted post surgical hardware (pins, rods, screws, plates, wires)YES ☐ NO ☐

Where

Nails, screws, wires eccYES ☐ NO ☐

False teeth/dentures, metallic removable dental work, braces, retainersYES ☐ NO ☐

Artificial eye and/or eyelid spring.....YES ☐ NO ☐

Swirls, stent, or endovascular filters.....YES ☐ NO ☐

Where

SWAN GANZYES ☐ NO ☐

Tissue expander (breast).....YES ☐ NO ☐

Implanted drug pump (for chemotherapy medicine, pain medicine)YES ☐ NO ☐

Bullets, shrapnel or other pieces of metal in your body.....YES ☐ NO ☐

Medication patch (nitroglycerine, nicotine, contraceptive, estrogen)YES ☐ NO ☐

Sickle cell anemia.....YES ☐ NO ☐

In the presence of metallic elements endocorporei investigation MRI it will be done only after evaluation by the physician responsible for the examination of the risks that it may entail.

Compatibility declaration:.....

INSTRUCTIONS FOR THE PATIENT

- Remove ALL clothing and will be provided.
- Remove eyeglasses and/or contact lenses
- Remove ALL air accessories
- Remove ALL jewelry, watch, credit card and other magnetic cards
- Remove ALL coins , key rings , keys , small metal objects
- Remove hearing aids
- Remove dentures, false teeth, partial dental plates, retainers
- Remove ALL body piercing

Date

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The Doctor

.....

Patient/Parent/Guardian

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MR Tech/MR Assistant

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