



# MEDICAL HISTORY QUESTIONNAIRE

## Magnetic Resonance Imaging Department – Patient information and informed consent

Surname, firstname, date of birth

Phone: \_\_\_\_\_ e-mail adress: \_\_\_\_\_

**Magnetic resonance imaging cannot be performed on certain patients. Please answer the following questions in order to avoid potential risks.**

**IMPORTANT!** Do you have a cardiac pacemaker, defibrillator, gastric stimulator, drug pump, cochlea implants or similar implanted electronic devices?  yes  no  
**If yes, please inform our staff at reception immediately. In this case, you may not be allowed to have an MRI scan.**

Have you undergone surgery?  yes  no  
If you have, please specify the type of operation and the year. \_\_\_\_\_

Do you have any metal parts in your body (artificial joints, shrapnel, vascular clips, stent, shunt, intrauterine device, magnet armature for dentures, blood glucose monitoring system etc.)?  yes  no  
If yes, please specify where. \_\_\_\_\_

Do you have a known **kidney disorder** (e.g. renal insufficiency)?  yes  no

Do you suffer from epilepsy or seizures of any kind?  yes  no

Do you have any known allergies? Are you allergic to certain medicaments or contrast media?  yes  no  
If yes, please specify. \_\_\_\_\_

Has the part of the body to be examined today also been examined in the past (X-rays, CT, MRI, nuclear medicine, PET)?  yes  no

Name of the surgery/hospital: \_\_\_\_\_

May we ask for previous examination results to be sent to us?  yes  no

Do you have an infectious disease (e.g. hepatitis, HIV, etc.)?  yes  no  
If yes, please specify. \_\_\_\_\_

Do you wear a hearing aid? If yes, please remove the hearing aid before the examination.  yes  no

Do you have tattoos, piercings or permanent make-up?  yes  no

You are entitled to a copy of this medical history questionnaire. (Under Section 630 e, sub-section 2, sentence 2, BGB)  
 I do not require a copy of this medical history questionnaire.  I would like a copy of this medical history questionnaire.

I do not have any further questions, feel that I have been properly informed and have had sufficient time for consideration. I herewith consent to the planned examination. I also agree to administration of a contrast medium, if required.

Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_ Age: \_\_\_\_\_ Date/Signature \_\_\_\_\_  
(For underage young people: Signature of the parent or legal guardian)

**For female patients:**

Are you still breast-feeding?  yes  no

I herewith confirm that I am currently not pregnant and am not aware of a pregnancy.

Last period: \_\_\_\_\_ Date/Signature \_\_\_\_\_  
(For underage young women: Signature of the parent or legal guardian)

**Please note the information overleaf!**

# Important – Please read this information carefully!

## Dear Patient,

Your doctor has referred you for an MRI scan (magnetic resonance imaging). The scanner uses a magnetic field and radio waves to detect structures inside the body which cannot be visualized by other examination methods.

The device is technically extremely complex. During the scanning process, you will hear loud knocking sounds. Do not move while scanning is in progress, otherwise the scans may become blurred.

The time spent inside the machine is not dangerous. If you suffer from claustrophobia, your companion can remain nearby during the examination or you can ask for a sedative injection. In this case, please arrange for someone to pick you up afterwards. Since you will temporarily be unfit to drive, you must not drive a motor vehicle or motor cycle or operate potentially dangerous machines during the subsequent 24 hours.

As a rule, metallic prostheses such as a hip replacement, dentures or the metal plates implanted following a fracture do not impair the scan and are not at risk due to the magnetic field. This also applies in the case of contraceptive IUDs. The manufacturer recommends that you consult your gynaecologist after the examination to check that the IUD is still in the correct place. If you have one of the very rare magnetically attached dentures, you will not be allowed inside the scanner room.

In some cases, a contrast medium must be injected into the vein. This contrast medium is normally well tolerated and does not contain iodine. Allergic reactions are very rare and include, for example, nausea, vomiting, skin reactions or major circulatory reactions. Following the administration of contrast medium, you will remain under observation for the length of time specified by the manufacturer. Occasionally, the hypodermic needle may be misplaced and contrast medium applied outside the vein where it may cause tissue damage. In individual cases, you may additionally be asked to drink a solution containing contrast medium between one and three hours prior to examination of the abdomen.

Neither you nor your companion may take any of the following items into the examination room: wallets, credit cards or magnetic cards, wristwatches, keys, fashion jewellery, loose cash, ballpoint pens, hearing aids, hair clips (these items can be left in the changing room for patients).

As a rule, the scanning process takes between 10 and 30 minutes.

## This part to be completed by medical personnel!

Patientenetikett

\_\_\_ Clariscan      \_\_\_ Lumivision      \_\_\_ Creatinin

\_\_\_ Dotarem      \_\_\_ Mannitol      \_\_\_\_\_

\_\_\_ DotaVision      \_\_\_\_\_

\_\_\_ Gadovist

\_\_\_\_\_

\_\_\_ Sequenzen gesamt

Mitgabe \_\_\_\_\_ QR-Code      \_\_\_ CD-ROM

\_\_\_ Buscopan      \_\_\_ davon KM-Seq.

von Bildern: \_\_\_\_\_ Seitenanzahl Paperprints

\_\_\_ Diazepam      \_\_\_ KM-Gabe mit Pumpe       ja       nein

Notizen:

Arzt: \_\_\_\_\_