

## Magnetic Resonance (MR) screening form for patients

Version 2016-09-27

Name: \_\_\_\_\_

Weight: \_\_\_\_\_

Personal code number: \_\_\_\_\_

Length: \_\_\_\_\_

JA NEJ

## 1. Do you have a history of any of the following devices in the body?

 

- Cardiac pacemaker or defibrillator
- Implantable medicine pump (e.g. for insulin)
- Implants for neurostimulation
- Cochlear implant
- Other electrical/magnetic activated implant or electrodes

If YES, specify what: \_\_\_\_\_

## 2. Do you have any metal-containing items in the body?

 

- Aneurysm clip or stent (in e.g. the heart or brain)
- Other items, e.g. tracheal tube, tissue expander, coil, dental implants, prosthesis, screws, cardiac valve

If YES, specify what: \_\_\_\_\_

## 3. Do you have any foreign metal objects in the body?

 

- Metallic slivers or fragments in the eye
- Shrapnels, bullets or pellets
- Other foreign metallic objects

If YES, specify what: \_\_\_\_\_

## 4. Are you pregnant?

 

## 5. Are you breast feeding?

 

## 6. Are you in dialysis or do you have a severe impaired renal function?

 

## 7. Have you ever had an allergic reaction to MRI contrast agents?

 

## 8. Do you suffer from claustrophobia?

 

(fear of narrow, enclosed spaces)

**Note!** Please contact your MRI department **before** the examination if you have answered **YES** on any of the questions above

Signature by patient (&gt;18 y), guardian or referring doctor

Date

Is anesthesia monitoring needed? (Completed by referring doctor)

 

The screening form is checked: \_\_\_\_\_

Signature MR staff

## Telephone numbers:

Strålbehandlingen: 342 62 76 (telefonsvarare)

MR Sahlgrenska : 342 44 08 (må-fr: 8:30-11)

MR Mölndal 343 01 67 (må-to: 9-10, 13-14. fr: 13-14)

MR Östra 343 50 28 (må-fr: 9-11, 13-14)

MR Drottning Silvias Barn- och Ungdomssjukhus 343 56 18