

## Questionnaire with consent

### for Magnetic Resonance Imaging examination (COMPLETE AT HOME)

Please read carefully and complete the questionnaire with consent.

Last name and first name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M F Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Do you have an electronic device in your body that cannot be removed (pacemaker, neurostimulator, heart defibrillator, hearing implant,...)? YES  NO

Are you pregnant? YES  NO

**If you answered YES above, we kindly ask you to inform us via e-mail info@medilab.si. THANK YOU!**

Have you ever had surgery in which a metal implant, OSM or implant was inserted? YES  NO

If YES:

Have you already had an MRI scan after such surgery? YES  NO

Do you have an artificial or biological heart valve? YES  NO

Do you have surgical staples, screws, artificial joints, stents, or a large vein filter in your body? (circle what you have in your body) YES  NO

**If you answered YES to any of the above questions, please send us a certificate of compatibility of the material with MR or send us by mail or e-mail the confirmation of data of the exact material you have inserted into the body.**

Do you have any kidney disease? Indicate which one. YES  NO

Do you have any allergies to food, medications or contrast agents? YES  NO

Do you have diabetes? YES  NO

Do you have an insulin pump? YES  NO

Have you been injured and metal object stayed in your body? YES  NO

Have you ever had any eye damage? YES  NO

Do you have a removable denture or bridge? YES  NO

Do you have a fear of enclosed spaces (claustrophobia)? YES  NO

Are you breastfeeding? YES  NO

**continue on the other side**

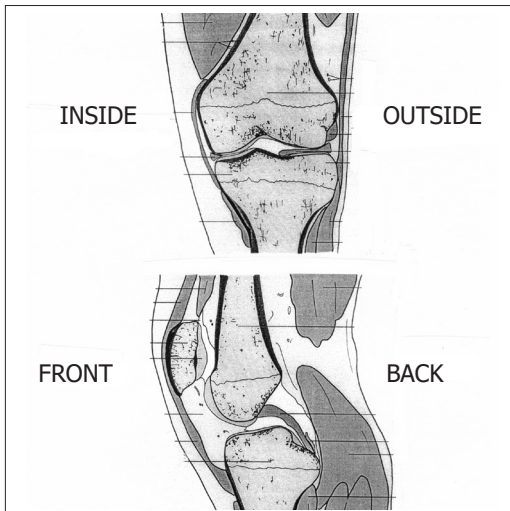
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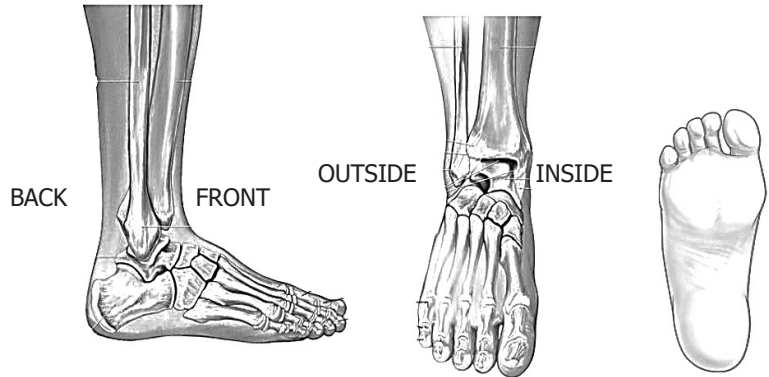
## MRI KNEE

Mark location of pain with an arrow.



## MRI ANKLE / FOOT

Mark location of pain with an arrow.



Have you been at a specialist regarding current health problem (circle):  
orthopedist, neurologist, traumatologist, \_\_\_\_\_

Indicate the exams you have had so far (general):

- X-ray imaging
- Ultrasound (ultrasound)
- Scintigraphy
- CT (computed tomography)
- MR (magnetic resonance)

Short description of problems with this joint: \_\_\_\_\_

Injury (circle)    YES    NO

When did the injury occur? \_\_\_\_\_

List all your surgeries (in general - not just with current problem),  
if possible also notice a year of surgery:

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The radiologist may decide to give an intravenous injection of a gadolinium contrast agent, which in some cases improve diagnostic accuracy him make a more reliable diagnosis. The contrast agent is very safe. Nevertheless, there are chances of mostly minor reactions such as headache, nausea, or minor skin rashes. In that case, we will help you. If similar signs and symptoms appear later, you should seek the advice of your treating or personal physician.

**I have read this instruction and the questionnaire with consent, I have understood it and with my signature I agree to carry out the exam.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_