Questionnaire with consent

for Magnetic Resonance Imaging examination
(COMPLETE AT HOME)

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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

E-mail: _____

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 or sugar sensor?	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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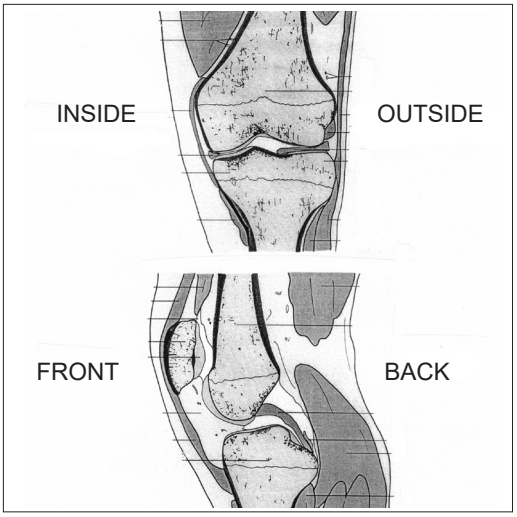
Indicate the exams you have had so far (general):

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

MRI KNEE

Mark location of pain with an arrow.

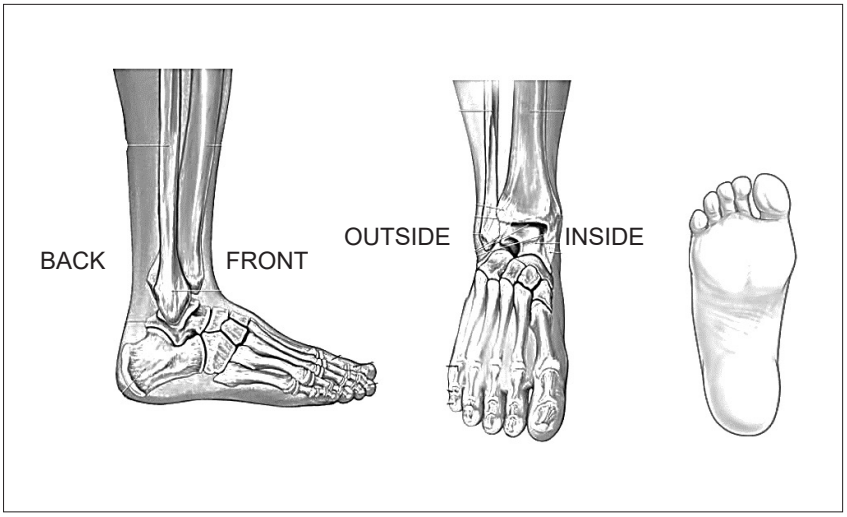
☐ Left ☐ Right



MRI ANKLE / FOOT

Mark location of pain with an arrow.

☐ Left ☐ Right



Have you been at a specialist regarding current health problem (circle):

orthopedist, neurologist, traumatologist, _____

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:

_____

_____

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: _____