RADIOLOGY CHECKLIST - MRI

Your doctor requested an MRI examination for you. To ensure that you undergo the MRI in the safest conditions, we ask that you complete the questionnaire below.

NOTE: PLEASE ALSO READ, COMPLETE AND SIGN THE REVERSE SIDE. IN THE INTEREST OF YOUR SAFETY, THE MRI CANNOT TAKE PLACE IF THIS DOCUMENT IS INCOMPLETE.

Do you have any medical devices or implants?	No	Not sure	Yes
1. Pacemaker	☐	☐	☐
If so, have you had it for more than six weeks?	☐	☐	☐
2. Defibrillator	☐	☐	☐
If so, have you had it for more than six weeks?	☐	☐	☐
3. Have you had a pacemaker or defibrillator in the past?	☐	☐	☐
If so, is any wiring still present in your body?	☐	☐	☐
4. Vascular clips in the brain	☐	☐	☐
5. Electrodes in the brain	☐	☐	☐
6. Metal object in the eye (iron chips/metal fragments)	☐	☐	☐
7. Implanted stimulators / medication pump / drainage pump / intracranial pressure, temperature and oxygen measurement / VP shunt	☐	☐	☐
8. Bladder and/or rectal temperature measurement	☐	☐	☐
9. Implanted hearing aid	☐	☐	☐
10. Mobile (subcutaneous) monitoring system (e.g. for determining your blood glucose level)	☐	☐	☐
11. Other devices/implants	☐	☐	☐

If your answer to at least 1 of the above questions is 'yes', please inform the MRI nurse/technologist or contact the MRI department (09 332 40 82).

Additional questions	No	Not sure	Yes
12. Have you ever had heart surgery?	☐	☐	☐
13. Do you have an artificial heart valve?	☐	☐	☐
14. Have you ever had head surgery?	☐	☐	☐
15. Have you ever had back surgery?	☐	☐	☐
16. Other recent or previous operations?	☐	☐	☐
If so, please specify: _____			
_____			
17. Do you wear a hairpiece/wig?	☐	☐	☐
18. Have you ever had a radiological examination with a contrast agent? (=dye)	☐	☐	☐
If so, did you tolerate it well?	☐	☐	☐

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University Hospital Ghent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be

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	No	Not sure	Yes
19. Do you have any metal objects or splinters in your body?	☐	☐	☐
If so, please specify: (e.g. pellet, bullet, implant, pin, plate) _____			
20. Are you a metal worker or welder (professional/hobbyist)?	☐	☐	☐
21. Do you suffer from renal insufficiency (poor kidney function)?	☐	☐	☐
22. Are you wearing a medication patch on your skin (e.g. Nitroderm or Nicopatch) or a silver dressing?	☐	☐	☐
23. Do you have glaucoma (increased eye pressure)?	☐	☐	☐
24. Do you have an enlarged prostate and serious difficulty urinating?	☐	☐	☐
25. Are you allergic to Buscopan®?	☐	☐	☐
26. Do you have any piercings, tattoos or permanent make-up?	☐	☐	☐
27. Do you have an external hearing aid?	☐	☐	☐
28. Are you pregnant? If so, how many weeks: _____	☐	☐	☐
29. Are you breastfeeding?	☐	☐	☐
30. Do you wear dentures, dental prosthesis or orthodontic devices?	☐	☐	☐
If so, are these attached with magnets?	☐	☐	☐
31. Do you have a port-a-cath catheter?	☐	☐	☐
If so, at which hospital was it placed and when? _____			
32. I hereby consent to the use of my MRI images for scientific research (for statistical processing, image processing or mathematical models). The Radiology Department of Ghent University Hospital may at any time contact me in person, by telephone or by e-mail in this connection. My identity shall be secret from any person who does not have a care relationship with me. I may revoke this consent at any time without this having any effect whatsoever on the quality of my research. **For more information, please contact: Head of the Radiology Department, secretariaat.radiologie@uzgent.be**	☐		☐

You can use the **lockers in the MRI waiting room** to store your valuables (identity card, bank cards, coins, keys and mobile phone). You do not need to take off gold or silver rings until further instructions.
If you have any questions, please ask the MRI nurse / technologist or contact the MR department.

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE ON THE DATE OF THE EXAMINATION.

PATIENT NAME: _____ Height: _____

Weight: _____

(If applicable) Parent / guardian / supervisor _____

SIGNATURE: _____ DATE : _____

(patient/parent/guardian/supervisor)

Checked by the MRI nurse / technologist: _____ (initials) _____ | _____ ((initial)

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