Schweizer Paraplegiker Zentrum | Centre suisse des paraplégiques | Centro svizzero per paraplegici | Swiss Paraplegic Centre

Magnetic resonance tomography (MRT / MRI) questionnaire

Dear Patient
Please complete the questionnaire to the best of your ability.
Our staff will be happy to help you if you have questions or if you are unsure about anything.

Last name:______________________ **First name**:__________________ **Date of birth:**______

Do you have...	a pacemaker?	☐ yes	☐ no
	an artificial heart valve?	☐ yes	☐ no
	a neurostimulator?	☐ yes	☐ no
	a pain pump?	☐ yes	☐ no
	an insulin pump? an insulin measurement system?	☐ yes	☐ no
	metal fragments in your body? (e.g. in your eye)	☐ yes	☐ no
Do you have...	a hearing aid? (Please remove it before the investigation)	☐ yes	☐ no
	a dental prosthesis?	☐ yes	☐ no
	a magnetic attachment for a dental prosthesis?	☐ yes	☐ no
Do you have...	a tattoo? (> 20cm)	☐ yes	☐ no
	metal on/in your body? □ piercings, □ artificial joints, □ screws, □ clips, □ stents, □ acupuncture needles, □ gunshot wounds, □ other Where? ____	☐ yes	☐ no
Do you take...	blood-thinning medication? □ Aspirin Cardio □ Marcoumar □ Xarelto	☐ yes	☐ no
Have you had surgery...	on your heart? What type of surgery? ____	☐ yes	☐ no
	on your head? (brain, ear, eye) What type of surgery? ____	☐ yes	☐ no
Do you suffer from...	asthma or allergies, in particular to contrast agents? Which one(s)? ____	☐ yes	☐ no
	claustrophobia?	☐ yes	☐ no
	□ diabetes or □ renal insufficiency?	☐ yes	☐ no
For women:	Are you pregnant?	☐ yes	☐ no
	Are you breastfeeding?	☐ yes	☐ no
	Your weight ________ kg		

I herewith confirm that I have understood the information and that I have answered the above-listed questions truthfully. With my signature I give my consent to the investigation being carried out.

Date: _______________ **Signature:** ______________________________

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Guido A. Zäch Strasse 1 | CH-6207 Nottwil | T +41 41 939 54 54 | F +41 41 939 54 40 | spz@paraplegie.ch | www.paraplegie.ch
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