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

Radiology (MRI / CT) 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**: _____**DOB** :_____

Do you have...	a pacemaker?	☐ yes	☐ no
	an artificial heart valve?	☐ yes	☐ no
	a neurostimulator or a pain pump?	☐ yes	☐ no
	metal on/in your body? □ piercings, □ artificial joints, □ screws, □ clips □ stents, □ acupuncture needles, □ gunshot wounds, □ other Where? _____	☐ 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
Do you have...	a tattoo?	☐ yes	☐ no
Do you take...	blood-thinning medication? □ Aspirin Cardio □ Marcoumar □ Xarelto □ Other	☐ yes	☐ no
Have you had ...	heart surgery or an operation on your head (brain, ear, eye)? What type of surgery? _____	☐ yes	☐ no
Do you have...	asthma or allergies, in particular to contrast agents? Which one(s)? _____	☐ yes	☐ no
	claustrophobia?	☐ yes	☐ no
	an overactive thyroid?	☐ yes	☐ no
	□ diabetes or □ renal disease or renal insufficiency?	☐ yes	☐ no
	a lung disease?	☐ yes	☐ no
	a serious heart or blood vessel disease? Where? _____	☐ yes	☐ no
For women:	Are you pregnant or are you breastfeeding?	☐ yes	☐ no
	Your weight: _____ kg **Your height:** _____cm		

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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