INSELSPITAL
Universitätsinstitut für Diagnostische und Interventionelle Neuroradiologie

Patient questionnaire Magnetic resonance tomography (MRT)

Surname / First name: _____

Date of birth: _____

Do you have a medical implant such as:

– Cardiac pacemaker/ Defibrillator	Yes ☐ *	No ☐
– Neurostimulator	Yes ☐ *	No ☐
– Insulin pump/ Drug pump	Yes ☐ *	No ☐
– Cochlear implant	Yes ☐ *	No ☐
– Heart valve / Vascular clips	Yes ☐ *	No ☐
– Shunt valve	Yes ☐ *	No ☐

* If yes, the investigation must NOT be performed or only performed in a limited manner.
We need the following information: brand, manufacturer, duration of surgery, surgeon/clinic

Are there any metal components in your body such as:

– Artificial joints	Yes ☐	No ☐
– Screws or other hardware following surgery	Yes ☐	No ☐

If yes, please indicate the material, the year and the place surgery was performed

_____

– Have you ever been injured by metal components or splinters?	Yes ☐	No ☐
– Do you suffer from kidney disease?	Yes ☐	No ☐
– Do you suffer from allergies?	Yes ☐	No ☐
– Do you have permanent make-up, tattoos, piercings or acupuncture needles on your body?	Yes ☐	No ☐

Body weight / Height

Weight Height

Additional questions for female patients

– Are you or could you be pregnant?	Yes ☐	No ☐
– Are you breastfeeding at the moment?	Yes ☐	No ☐
– Do you have a copper coil fitted?	Yes ☐	No ☐

Before entering the area with the strong magnetic field, you must under all circumstances take off/remove the following objects from your body (there are lockers available):

glasses, removable dentures, hearing aids, hormone/heat/pain plasters, jewellery, watches, money, credit cards, writing utensils and keys, pocket knives, cigarette lighters, clothes containing metal, hair clips, bras and other external support items (e.g. a hernia truss). Piercings must be removed.

I confirm that I have answered the questions to my best ability and read the patient information sheet (page 2) and I give my consent for the investigation.

Bern _____ Patient's signature (possibly physician's signature): _____

Bern _____ MTRA / Radiologist's signature: _____