

# SCREENING FORM – Outpatient Malmö

for Magnetic Resonance (MR) procedures

|              |             |
|--------------|-------------|
| Name:        | Subject ID: |
| Weight (kg): | Hight(cm):  |

**If any question below are answered by YES you MUST contact us as soon as possible, even if you had an MR examination previously and even if you have an implant that is approved for MR, as this may require special planning.**

**Exception:** You do not need to contact us in advance regarding dentures or dental fillings, tubes in the ears or cataract surgery. However, you must tell the staff about these at the examination.

**Contact details: MR-booking Malmö, 040-33 89 50**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Have you ever had any cardiac or head/brain surgery?<br>(e.g. pacemaker/ICD, DBS, shunt, aneurysm/vessel clip, hearing implant, eye surgery) | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, what type of surgery? When and where?

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|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have any type of metal, implant or electrode in your body<br>(e.g. Shrapnel/bullet, metal chip, pump, nerve stimulator) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If yes, what, and where?

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|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have a history of renal (kidney) disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| For female patients: Are you pregnant            | <input type="checkbox"/> | <input type="checkbox"/> |

The following **must** be removed before the MR examination: All metal objects, makeup, false teeth, body-piercing, hearing aids, insulin pump, blood sugar meter (diabetes button), metal-coated plasters, hairpins, bras etc.

|   |       |
|---|-------|
| Signature: _____<br>Clarification of name, phone: | Date: |
|---|-------|

# SCREENING FORM - accompanying person

for Magnetic Resonance (MR) procedures

A relative or friend can stay as a support in the magnet hall during the examination. However, special preparation is then needed also for the accompanying person. Please answer the following questions:

|  | JA                       | NEJ                      |
|--|--------------------------|--------------------------|
| Have you ever had any cardiac or head/brain?<br>(e.g. pacemaker/ICD, DBS, shunt, aneurysm/vessel clip, hearing implant, eye surgery) | <input type="checkbox"/> | <input type="checkbox"/> |

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|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have any type of metal, implant or electrode in your body<br>(e.g. Shrapnel/bullet, metal chip, pump, nerve stimulator) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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|                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| For female: Are you pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------|--------------------------|--------------------------|

**All free metal objects and all electrical/mechanical equipment must be removed** before entering the magnet room, e.g. hearing aids, insulin pumps, blood sugar meter (diabetes button) hairpins, etc.

**All pockets must be emptied completely.**

|  |       |
|--|-------|
| Signature: _____<br>Clarification of name: | Date: |
|--|-------|