

SCREENING FORM – Trelleborg

for Magnetic Resonance Imaging (MRI)

Name:	ID number:
Weight (kg):	Hight (cm):

If any question below are answered with 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 MRI, as this may require special planning.

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

Contact details: MRI Trelleborg 0410-55498 (Tuesday-Thursday 13.00-14.30)

	YES	NO
Have you ever had any cardiac or head/brain surgery? (e.g. pacemaker/ICD, DBS, shunt, aneurysm/vessel clip, stents, shunt in the brain, cochlear implant, ossicular prosthesis, eye surgery) If yes, what type of surgery? Operation date and hospital?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Do you have any type of metal, implant or electrode in your body (e.g. shrapnel/bullet, metal chip, pump, nerve stimulator) If yes, what type of surgery? Operation date and hospital?	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

All loose metal objects and all electronical/mechanical equipment must be removed before the MRI examination. E.g. all metal objects, makeup, removable dental prosthesis, body-piercing, hearing aids, insulin pump or CGM (Continuous Glucose Monitoring), metal-coated plasters, hairpins, bra etc.

Signature: _____	Date:
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Frågeformulär inför magnetkameraundersökning, poliklinisk patient – in english

(utarbetat och godkänt av MR-ansvarig fysiker och MR-ansvarig läkare)

2024-03-05, Skånes universitetssjukhus, VO Bild och funktion, Malmö

For accompanying person, please turn

SCREENING FORM - accompanying person

for Magnetic Resonance Imaging (MRI)

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

	Yes	No
Have you ever had any cardiac or head/brain surgery? (e.g. pacemaker/ICD, DBS, shunt, aneurysm/vessel clip, stents, shunt in the brain, cochlear implant, ossicular prosthesis, eye surgery)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Do you have any type of metal, implant or electrode in your body (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 loose objects and all electronical/mechanical equipment must be removed before entering the MRI room. E.g. all loose metal objects, hearing aids, insulin pump or CGM (Continuous Glucose Monitoring), hairpins etc. **All pockets must be emptied completely.**

Signature: _____ Clarification of name:	Date:
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