

## MRI QUESTIONNAIRE (anglais/english)

Last name :

First name :

Date of birth :

Weight : \_\_\_\_\_ kg          Size : \_\_\_\_\_ cm

Have you ever had an MRI ?   YES       NO

Thank you to answer all the questions	YES	NO
Pacemaker, cardiac defibrillator		
Cardiac valve with references		
Surgical clips, stents		
Any metallic item in the eyes ? if there is a suspicion, Please contact the service in advance.		
Encephalic valve, ventriculoperitoneal shunt		
Implanted drug pump, neurostimulator or blood glucose sensor Freestyle		
Cochlear implants (inner ear)		
Joint prosthesis (pins, nails, rods ...)		
Do you have any allergies? If yes, which one? .....		
Do you have dentures or hearing (prosthesis or medical device)?		
Renal insufficiency?		

Madam, are you pregnant?		
Are you breastfeeding?		
Date of last periods:		

All removable medical equipment must be removed (hearing aid, blood glucose sensor, insulin pump, Freestyle type blood glucose sensor, etc.) If in doubt, ask the manipulator or doctor

SIGNATURE OF PATIENT:

DATE :