IMAGERIE
LA CHAUX-DE-FONDS

# Questions to answer before having an MRI examination

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|---|---|---|
| Do you wear medical equipment or device ?<br>- **Pacemaker** ❑ YES ❑ NO<br>- **Neuro-stimulator** ❑ YES ❑ NO<br>- **Insulin pump** ❑ YES ❑ NO<br>- **Other**, for example : heart valve, stent, joint or hearing aid, screw, plate, fixed or removable dental appliance… ? ❑ YES ❑ NO<br>If so, which ones : ..... | | |
| Are you claustrophobic ? | ❑ YES | ❑ NO |
| Have you had heart or brain surgery ? If so, when : ..... | ❑ YES | ❑ NO |
| Could you possibly have metal under the skin or in the eyes ? | ❑ YES | ❑ NO |
| Do you wear a medical patch ? | ❑ YES | ❑ NO |
| Do you have a kidney disease ? | ❑ YES | ❑ NO |
| Have you already had an MRI before ? | ❑ YES | ❑ NO |
| Have you had a contrast product injection for a radiology exam before ? | ❑ YES | ❑ NO |
| **What is your weight ?** ..... Kg | | |
| Do you have any allergies ?<br>If so, which one : ..... | ❑ YES | ❑ NO |
| Do you have any tattoos or permanent makeup ? | ❑ YES | ❑ NO |
| Do you take any medication like :<br>Anticoagulants / antiaggregants ❑ Against diabetes ❑ Neuroleptics ❑ Other ❑ | | |

**FOR WOMEN :**

| | | |
|---|---|---|
| Are you pregnant or could you be pregnant ? | ❑ YES | ❑ NO |
| Are you breastfeeding at the moment ? | ❑ YES | ❑ NO |

## Only for pelvic and breast MRI examination

Do you have children ? ❑ YES : How many ? _ _ ❑ NO

Number of pregnancies :_ _ Did you have a caesarean : ❑ YES ❑ NO

Are you menopaused?

❑ YES - Since how long ? _ _

- **Hormonal medication** ? ❑ YES ❑ NO

❑ NO - **Last menstruation date** : .....

Do you have family breast or ovarian disease ? ❑ YES ❑ NO

If so, which one : .....

**Mr** ❑ **Miss** ❑ **Date of birth :** .....

**Name :** ..... **First name :** .....

The medical reports as well as the images made in our center are transmitted to the prescribing physician and other healthcare professionals mentioned on the prescription. Frequently, specialist physicians, hospitals, **CHUV or HUG (university hospital of Geneva)** request the results of examinations and images made in our center. By your signature :

- You agree that medical reports as well as images can be sent to doctors with whom you are under treatment in relation to the present exam, in accordance with the principle of proportionality.
- You agree that the **Imagerie La Chaux-de-Fonds SA** center may request old reports or images necessary for the diagnosis of the examinations performed in our premises, in accordance with the principle of proportionality.

Date : Signature :