



Réseau
Hospitalier
Neuchâtelois

Département d'imagerie médicale

MRI Security Questionnaire

MRI uses an intense magnetic field ; special precautions are required to enter to the examination room. Please complete this questionnaire before your examination and give to the radiographer.

Surname : _____

Name : _____

Date of birth : _____

Weigh : _____ kg

Height: _____ cm



Implanted elements sensitive to electromagnetic interference:
pacemaker, defibrillator, hearing aid, insulin pump, medication dispenser, ect.

Yes No

1. Have you already had an MRI – examination ?
2. Do you have kidney failure ?
3. Are you pregnant ?
4. Do you have sutures with metal wires ?
5. Do you have metal fragments in your eyes ?
6. Do you have metal fragments in your body ?
7. Are you holder of one of the following equipments :

==> Heart device

Pace-maker?* Defibrillator?* Reveal?*(underline what is appropriate)

==> Cochlear implant*

==> Neuro-stimulator*

==> Insulin-pump

==> Blood glucose sensor

==> Cardiac valve

Biological ?* Mechanical?* (underline what is appropriate)

Yes No Year



Please remove any metal object before entering to the examination room, including cell phone, piercing, watch, jewelry, hair clip, keys, change, magnetic card, etc.

**Please provide us the documents concerning the implanted material*

Yes No Year

8. Do you have aneurysm clip in your head ?

9. Do you have prosthesis joints ?

10. Have you ever had any other operation ?

If yes, specify and state the date _____

11. Do you have a removable hearing aid ?

12. Do you have dental implants or false teeth ?

13. Do you have transdermal patch (hormonal,nicotine) ?

Date :

Patient signature :

Doctor signature :
