

SCREENING FORM FOR MRI (version 2024)

IDENTIFICATION OF THE PATIENT		
Surname and first name	Height: cm
Date of birth / /	Weight: kg

WHAT ARE YOU SUFFERING FROM? WHAT IS, ACCORDING TO YOU, THE REASON FOR THIS MRI? GIVE A BRIEF DESCRIPTION OF YOUR COMPLAINTS

	YES	NO
1. Have you ever had surgery in the body part that needs an MRI? If yes, please specify below (point 4).		
2. Have you ever had an MRI with an injection?		
Did you experience any discomfort or have you ever had an allergic reaction from this injection (Gadolinium) or any other contrast medium (for example Iodine for CT-scan)?		
3. Have you ever had one of the following surgeries or do you have the following implants? (if yes, please specify below, point 4).		
<input type="radio"/> pacemaker, pacemaker wires or implantable cardioverter-defibrillator		
<input type="radio"/> metal heart valve / coronary stents / coronary artery bypass		
<input type="radio"/> brain surgery, eye surgery or ear surgery		
<input type="radio"/> sensor glucose monitoring system (for example: FreeStyle Libre, ...)		
<input type="radio"/> insulin or morphine pump		
<input type="radio"/> deep brain stimulators		
<input type="radio"/> any other mechanic, electronic or magnetic implant		
<input type="radio"/> any orthopedic material (clips, prostheses, ...)		
4. Please specify surgery or implant? Where and when?		
.....		
.....		
Do you have a tattoo or permanent make-up? If yes, where?		
Do you have false teeth, piercings, hearing aids or artificial limbs? If yes, please remove them before entering the examination room.		
Are you or have you been a metal worker? Do you have any bullets or other metal fragments in your body? If yes, where?		
Are you (possibly) pregnant or breastfeeding?		
Do you have kidney insufficiency?		
Are you claustrophobic?		
Can you lay still for about 30 min on your back?		
PLEASE REMOVE ALL MAKE UP. IT IS RECOMMENDED TO GO TO THE TOILET BEFORE THE EXAMINATION.		
PLEASE LEAVE ALL YOUR METAL OBJECTS, JEWELLERY, WATCHES, BANK CARDS AND MOBILE PHONES IN THE DRESSING ROOM. YOU ARE ENTERING A MAGNETIC FIELD.		

Thank you for your cooperation!

The radiologists of the MRI department have not joined the agreement between the medical profession and the health insurance funds. A supplement of €49 will be charged to the patient for each MRI scheduled on weekdays between 6 pm and 8 am, and also on weekends and public holidays. This supplement will not be charged to beneficiaries with preferential arrangement or hospitalized patients staying in multi-bed rooms. This information is available on the website of AZ Jan Portaels and is displayed in the MRI waiting room.

Date, name and signature of the patient:

Reserved for technician:
