醫療財團法人辜公亮基金會和信治癌中心醫院
KOO FOUNDATION SUN YAT-SEN CANCER CENTER

Name：
Birthday：　　Sex：
ID：
Patient record No：

# MRI Pre-examination Questionnaire and Consent Form

Date & Time of examination:_____/Y_____/M_____/D

MRI is a special examination that takes place in a strong magnetic field. Please answer the following questions with caution in order to ensure your own safety and the accuracy of the examination results.

1. Have you undergone surgery before? Yes_____No_____Date_____/Y_____/M_____/D
   Hospital_____What kind of surgery?_____
2. Is there any surgical implant? For example: cardiac pacemakers, prosthetic values, clips for aneurysms, hearing aids, joint replacements, surgical clips or screws within the bone, filters for venous thrombosis, nerve stimulators, breast or penis implants_____
   _____
3. Are there any bullets or metal fragment in your body?_____
4. When was your last menstrual period?_____/Y_____/M _____/D Are you pregnant?_____
5. Do you have any health problems? We need to know if you have hypertension, heart disease, diabetes or renal disease, etc. Please describe_____
6. MRI often calls for intravenous injections of contrast medium. The contrast medium is safer than that used in most x-ray examination, but a very small percentage of patients will have adverse reaction. If it is necessary to inject contrast medium, may we have your consent? Yes_____ No_____
7. The following items are to be left outside the examination room: hearing aids, electronic equipment, hair accessories, pens, jewelry, watches (except digital watches), safety pins, coins, magnetic cards(credit cards, MRT passes, ATM cards, etc.), nail clippers, keys, tie clips.
8. Do not wear make-up or use hair spays nail polish/ tips/ gel nail on the day of your examination.
9. If you need a copy of the films, please inform the medical staff beforehand (each film costs 500 NTD, and the number of copies depends upon your clinical situation and method of examination).

**I have read and answered the questionnaire carefully and truthfully. I will not intentionally carry any of the forbidden item into the examination room.**

Please report to the examination room ten minutes in advance. If you cannot make it on time, please notify the staff for another appointment. Otherwise your appointment will be canceled.

**You have been scheduled for an MRI exam. The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electric currents in <u>ANY metal</u> in or on your body. <u>WARNING</u>: This can be hazardous to you, if you have certain metal objects in or on you. Please complete this accurately and carefully.**

**1. Do you have any metal or possibly metal containing objects in or on your body?**

**If <u>yes</u>, check box and give details** _____

| | |
|---|---|
| ☐ Aneurysm clip | ☐ Shunt (programmable) |
| ☐ Cardiac pacemaker | ☐ non-programmable |
| ☐ Implanted cardioverter defibrillator (ICD) | ☐ Feeding tube with mercury tip |
| ☐ Electronic implant or device | ☐ Radiation seeds or implants |
| ☐ Magnetic stent, filter, or coil | ☐ Medication patch |
| ☐ Neurostimulator, deep brain stimulator | ☐ Any metallic fragment or foreign body |
| ☐ Spinal cord stimulator | ☐ Breast tissue expander |
| ☐ Internal electrodes or wires | ☐ Surgical staples, clips |
| ☐ Bone growth/bone fusion stimulator | ☐ Bone/joint pin, screw, nail, wire, plate |
| ☐ Cochlear, otologic, or other ear implant | ☐ IUD, diaphragm, or pessary |
| ☐ Insulin or other infusion pump | ☐ Dentures, partial plates, or braces |
| ☐ Implanted drug infusion device | ☐ Permanent makeup or eyeliner |
| ☐ Prosthesis of any kind(eye, penile, etc.) | ☐ Body piercing jewelry |
| ☐ Heart valve prosthesis | ☐ Eye lid spring or wire |
| ☐ Artificial or prosthetic limb | ☐ Temperature probe |
| ☐ Any make-up or use hair spays | ☐ Hearing aid (remove prior to entry) |
| | ☐ Nail polish/ tips/ gel nail |
| | ☐ Sore patch/ ointment or magnetic sticker |

2. Have you had an injury to the eye involving a metallic object or fragment?
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel)?
4. Height_____ Weight_____

_____ _____

Signature of the patient (or the patient's legal representative) Date (YYYY/MM/DD)

**In case the patient can not sign the consent form, the authorized person must fill out the following information：**

_____ _____

Relation to patient Unified ID Card No./Residence Permit or Passport No

_____ _____

Address Telephone number

(Security check)

_____ _____

Nures or Radiologist Date (YYYY/MM/DD)