

INFORMATIONS AND SURVEY OF MAGNETIC RESONANCE IMAGING

***For better support, it's imperative to return this document
to us, before the day of your médical examination***

Birth Name : **Birth Surname :**

Usual Name : **Usual Surname :**

Date of birth: **Height / Weight:**

E-mail address:@.....

Before the scan, please reply carefully to the following questions:

- Have you had surgery in the last 6 weeks? ☐ Yes ☐ No
- Have you already had an MRI scan? ☐ Yes ☐ No
 - If yes, when?
- Do you have a pacemaker? ☐ Yes ☐ No
- Have you had an operation in the last 6 weeks? ☐ Yes ☐ No
- Have you had heart surgery on a heart valve? ☐ Yes ☐ No
 - If yes, please give the name, reference and date of surgery
- Have you had brain surgery? ☐ Yes ☐ No
- Have you had spine surgery? ☐ Yes ☐ No
 - If yes, when ?.....
- Do you have any implants? (cochlea implants, penile implants, breast implants...) ☐ Yes ☐ No
- Have you had any metallic fragments in or near your eyes even if it was a long time ago? ☐ Yes ☐ No
- Have you worked with any metals? (metalwork or welding, etc...) ☐ Yes ☐ No
- Do you use a blood glucose sensor? ☐ Yes ☐ No
- Do you have any dental fillings or bridges? Or any artificial joints? ☐ Yes ☐ No
- Are you afraid of taking the lift? ☐ Yes ☐ No
- Have you had a liver and/or kidney transplant? ☐ Yes ☐ No
- Do you suffer from chronic renal failure? ☐ Yes ☐ No
- Do you have any allergies? ☐ Yes ☐ No
- Do you wear an electronic bracelet? ☐ Yes ☐ No
- Do you have a ventricular shunt ☐ Yes ☐ No

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Women :

- Are you or do you think you may be pregnant?
- Are you breastfeeding?

☐ Yes ☐ No
☐ Yes ☐ No

If yes, you will have to stop feeding your breast milk to your baby during 24 hours.

As a general rule, do not hesitate to inform us of any medical details which you think may be important (particularly any operations you have had) and you must inform us if you are suffering or have previously suffered from any serious illness.

Date :

Signature du patient :