HELIMED Diagnostic Imaging	**QUESTIONNAIRE**	**F-6/1/4a**
		Wydanie 3
	QUESTIONNAIRE FOR THE PATIENTS BEFORE MRI EXAMINATIN (MR)	Strona: 1 / Stron: 2
		Data: 8.03.2021

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Name and surname date of birth

weight (approximate) ..... Height (approximate) .....

During the MR examination, the patient is in a constant magnetic field. The time spent in the camera can be up to 40 minutes. Often, for the correct diagnosis, it is necessary to use the intravenous contrast agent (paramagnetic), which can cause an allergic reaction (very rarely).During that type of examinations may appear complications:

- Light - nausea, vomiting, itching, sweating, hives, coughing, hoarseness, after inserting the cannula into a vein possible vein rupture, extravasation of the contrast, inflammation of the superficial veins.
- Moderate - fainting, face edema, laryngeal edema, bronchospasm
- Severe - convulsions, hypotensive shock, respiratory arrest, cardiac arrest

When the contrast is applying, you may feel a warm / hot in your body, metallic / sweet taste in the mouth. These sensations are quite common and should't be alarming. If you have a feeling of dyspnea, nausea or rapid heartbeat, notify the staff immediately. After the examination with the contrast medium, the patient remains under the supervision of the staff for about 30 minutes, after this time the cannula is removed by the nurse.
Don't bring into the examination room keys, watches, magnetic cards, telephones, hairpins, earrings, clips and other metal objects. Failure to comply with the above prohibition may cause damage to the device, damage to anything raised, or put the operation of the device or the patient at risk..
An absolute contraindication to the MRI examination is heart pacemaker . It is not recommended to perform MRI examinations in the first trimester of pregnancy..

In anxiety for Yours safety we would like to ask You for fulfilled questionnaire.
Please put (☒ or ☑) where the answer is correct

Has a CT and / or MRI scan been performed in the past?		YES ☐	NO ☐
Do you have an implanted heart pacemaker		YES ☐	NO ☐
Do you have an implanted heart valve, a vascular prosthesis, or vascular clamps		YES ☐	NO ☐
Do you have metallic elements in your body? Please indicate what, where, and what metal or alloy they are made of (e.g. hearing implant, metal endoprosthesis, dentures, insulin pump, valve in the cerebral ventricle, jewelry, eye filings). If you are not sure if metallic elements may be present in your body, please describe it.**.....**		YES ☐	NO ☐
Have you ha dany surgery? *(describe shortly when and what was it)*		YES ☐	NO ☐
Have you been diagnosed with heart or liver or thyroid or kidney disease, or have any kidney problems? *(if you're not sure please describe the symptoms)*		YES ☐	NO ☐
Are you pregnant?	I DON'T KNOW ☐	YES ☐	NO ☐
Are you breastfeeding?		YES ☐	NO ☐
Do you have an IUD		YES ☐	NO ☐
Do you have a tattoo or poermanent makeup?		YES ☐	NO ☐
Have you ever ha dan allergic reaction? *(allergy to contrast, drugs, others)*	I DON'T KNOW ☐	YES ☐	NO ☐

I declare that I have been informed that in the event of failure to follow the instructions of the staff and damage to the camera or auxiliary devices, I may be charged for the repair in whole or in part.

....

date Patients/responsible person signature

SHOULD BE FULFILLED BY HELIMED STAFF	
The questionnaire has been checked and accepted DATE:..... SIGNATURE.....	**COMMENTS**

You provided for the examination:

- ☐ CT photos.....
- ☐ MRI photos.....
- ☐ X-ray photos.....
- ☐ Descriptions of previous examinations .....
- ☐ Documentations of USG .....
- ☐ CDs …….....
- ☐ Other .....

.....
Patients/responsible person signature

I confirm receipt of the documentations above

.....
Patients/responsible person signature

Please inform the registration employee if You are participating in a pharmaceutical program, financed by NFZ

I declare that on the day of the CT / MR examination I'm not diagnosed or treated oncology in the DILO program, I'm not in a hospice, sanatorium or hospitalization. I also declare that on the day of the CT / MR examination I did not perform diagnostic tests (CT, MR or PET) under the National Health Fund in other medical entities.
I acknowledge (on the basis of the Act on health care services financed from public funds) that in the event of false statement, I will cover the full cost of the examination according with the price list.

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* examinations by the NFZ — Patients/responsible person signature

I declare that I give my informed consent to the examination with ionizing radiation and the possible use of a contrast intravenously, I have been informed about the type of examination and the method of preparation for it. I was given the opportunity to ask questions and understood the answers.
I have been informed about the possibility of an adverse event related to the intravenous a contrast agent, including the possibility of extravasation

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** all type of examinations — Patients/responsible person signature

I have been informed about the cost of the examination and I agree to cover it. At the same time, I declare that I won't submit any claims for reimbursement of costs to the NFZ.

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***full cost examinationas — Patients/responsible person signature