MRI SAFETY QUESTIONNAIRE

Magnetic Resonance Imaging (**MRI**) uses a strong magnetic field. Special precautions are required to ensure your safety and the quality of your scan.

This form must be completed before you arrive at CHUV and turned in on the day of your appointment.

LAST NAME:	**FIRST NAME:**	
Date of Birth:	**Height :** (cm)	**Weight :** (kg)

Please indicate if you have any of the following devices :	**YES**	**NO**
Pacemaker/defibrillator	☐	☐
Cochlear implant	☐	☐
Stimulator (spinal, brain, bladder, etc.)	☐	☐
Are you currently pregnant?	☐	☐
Medication pump (such as insulin, morphine, etc.)	☐	☐
Glucose monitor	☐	☐
Hearing aids	☐	☐
Removable dental prostheses	☐	☐
Shunt valve (VP shunt)	☐	☐
Transdermal patch (nicotine, contraceptive, etc.)	☐	☐
Piercings – tattoos	☐	☐
Permanent makeup – Magnetic false eyelashes	☐	☐
Other implants / prostheses	☐	☐

If yes, which ones? _____

If you answer **YES** to any question highlighted in red, please contact us at: **rad.irm.secur@chuv.ch**

Have you ever had an **MRI scan** ?	YES ☐ NO ☐
Have you ever had surgery on your **heart** ? If yes, what type? _____	YES ☐ NO ☐
Have you ever had surgery on your **brain** ? If yes, what type? _____	YES ☐ NO ☐
Have you ever possibly had a **metal fragment in your eye** or anywhere else **in your body**?	YES ☐ NO ☐
Do you have any **allergies** ? If yes, please list them: _____	YES ☐ NO ☐
Are you **asthmatic** ?	YES ☐ NO ☐
Do you have **kidney failure** ?	YES ☐ NO ☐
Do you suffer from **glaucoma** (high eye pressure)?	YES ☐ NO ☐

If you feel you would benefit from **hypnosis** support during your MRI, please reach out to: rad.trm.hypnose@chuv.ch

The patient* or their legal/medical representative:

DATE : _____ **SIGNATURE :** _____

*The patient's signature must be obtained, except in case of emergency or lack of capacity.