

QUESTIONNAIRE FOR MRI EXAM

Date: / /

Patient name:		Patient ID:	
Doctor:	Dr. Hisayuki Miyajima	Department:	Orthopedics

Please answer to the following questions

Do you have some metallic medical device in your body? (Such as pacemaker, Heart stent, Artificial joint, etc.)	YES / NO
Do you have any metallic objects in your body?	YES / NO
Are you using dentures or implants that use magnets?	YES / NO
Is it a problem to you to get in a narrow place (MRI machine)?	YES / NO
Can you keep the same posture and not move during MRI exam?	YES / NO
Are you using a hearing aid?	YES / NO
Are you using dentures?	YES / NO
Are you using color contact lenses now?	YES / NO
Do you have a tattoo on your skin?	YES / NO
Are you pregnant? Is there a possibility of pregnancy?	YES / NO
Are you using a poultice/plaster medicine now?	YES / NO
Please write your body weight.	_____Kg

Thank you.
Meguro Yuai Clinic

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