

MRI ADULT QUESTIONNAIRE



Name _____ Height _____ cm Weight _____ kg

Kennitala _____

Do you have a cardiac Pacemaker or Internal Cardiac Defibrillator (ICD) fitted? Yes No

Have you had cardiac surgery involving artificial heart valves?

Have you had surgery on your heart, head or your spine where the following was inserted:

- Aneurysm clips
- Shunts
- Neurostimulators

Have you had metal inserted during surgery? E.g.

- Cochlear implant or other metals
- Metal on a limb after a fracture/ joint replacement

Do you have ANY internal foreign bodies? E.g.

- Metal inside your eyes/eyelids
- Insulin pumps
- Something else?

Do you wear dentures or use hearing aids?

Do you suffer from kidney or liver disease?

Do you suffer from claustrophobia?

Women: Is there any chance you could be pregnant?

If you answer yes to any of the questions above (except regarding the use of dentures or hearing aids), please contact the MRI staff via phone as soon as possible. Hringbraut 543 8046 or Fossvogi 543 8039/543 8093.