

**MEDICAL HISTORY FORM AND INFORMED CONSENT FOR MAGNETIC RESONANCE EXAMINATION**

Survey administered by \_\_\_\_\_  
(Indicate the name, surname and professional qualification of the member of the MRI TEAM)

**The patient:**

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Place and date of birth \_\_\_\_\_ body weight (kg) \_\_\_\_\_  
Registered residence \_\_\_\_\_ Phone \_\_\_\_\_  
Examination required \_\_\_\_\_ Department /Doctor requesting the MRI exam \_\_\_\_\_

**Preliminary Survey**

The medical history survey has the purpose of ascertaining the absence of contraindications to the MRI examination or the irrelevance of specific preventive investigations. This questionnaire must be carefully filled out by the MRI Team and signed by the Doctor Responsible for Diagnostic Services, who, in relation to the answers provided by the patient, can conclude that there are no contraindications to the MRI examination. The patient's countersignature at the end of the same page, at the bottom of the consent formula, guarantees - among other things - his/her full awareness of the serious consequences that any false or mendacious answers to the questions put to him/her may have.

- HAVE YOU PREVIOUSLY HAD ANY MRI? ..... YES NO
- HAVE YOU HAD ALLERGIC REACTION AFTER ADMINISTRATION OF THE CONTRAST MEDIUM? ..... YES NO
- DO YOU SUFFER FROM CLAUSTROPHOBIA? ..... YES NO
- HAVE YOU EVER WORKED (OR ARE YOU WORKING) AS A WELDER, A TURNER OR A COACHBUILDER? ..... YES NO
- HAVE YOU EVER HAD ANY ROAD ACCIDENT OR ANY HUNTING ACCIDENT? ..... YES NO
- HAVE YOU BEEN A VICTIM OF A BLAST INJURY? ..... YES NO
- ARE YOU PREGNANT OR PRESUMED TO BE PREGNANT? ..... YES NO
- LAST MENSES OCCURRED: .....
- DID YOU UNDERGO ANY SURGERY ON YOUR:  
HEAD, NECK, ABDOMEN, UPPER OR LOWER EXTREMITIES, CHEST OR ANY OTHER PART OF YOUR BODY ..... YES NO  
DESCRIPTION \_\_\_\_\_
- ARE YOU AWARE YOU HAVE ANY MEDICAL DEVICE OR METALLIC BODY INSIDE YOUR BODY? ..... YES NO
- ARE YOU A PACEMAKER OR DEFIBRILLATOR OR ANY OTHER CARDIAC DEVICE (LOOP-RECORDER) WEARER? ..... YES NO
- ARE YOU A WEARER OF ANY METAL SPLINTERS OR FRAGMENTS? ..... YES NO
- ARE YOU A WEARER OF CLIPS ON ANEURYSMS (BLOOD VESSELS), AORTA, BRAIN? ..... YES NO
- ANY OTHER TYPE OF METAL CLIPS? ..... YES NO
- HEART VALVES? ..... YES NO
- STENTS? ..... YES NO
- IMPLANTED DEFIBRILLATORS? ..... YES NO
- SPINAL COLUMN DISTRACTORS? ..... YES NO
- INFUSION PUMP FOR INSULIN OR OTHER DRUGS? ..... YES NO
- METALLIC BODIES IN YOUR EARS OR HEARING IMPLANTS? ..... YES NO
- NEUROSTIMULATORS, ELECTRODES IMPLANTED IN THE BRAIN OR SUBDURAL? ..... YES NO
- OTHER TYPES OF STIMULATORS? ..... YES NO
- INTRAUTERINE DEVICES (IUD)? ..... YES NO
- SPINAL OR VENTRICULAR OR VENTRICULUM-PERITONEAL SHUNT (VP SHUNT)? ..... YES NO
- FIXED OR REMOVABLE DENTAL PROSTHESES? ..... YES NO
- METALLIC PROSTHESES (FOR PREVIOUS FRACTURES, CORRECTIVE JOINT INTERVENTIONS, ETC.), SCREWS, NAILS, WIRE, ETC? ..... YES NO
- OTHER PROSTHESES (MAMMARY, BREAST TISSUE EXPANDER, PENILE PROSTHESIS ETC.)? ..... YES NO
- DO YOU THINK YOU HAVE PROSTHESES/DEVICES OR METALLIC BODIES IN YOUR BODY THAT YOU MAY NOT BE AWARE OF? ..... YES NO
- ADDITIONAL INFORMATION \_\_\_\_\_
- DO YOU SUFFER FROM SICKLE CELL ANEMIA? ..... YES NO
- DO YOU HAVE AN INTRAOCULAR LENS IMPLANT? ..... YES NO
- DO YOU HAVE A PIERCING? LOCATION: ..... YES NO
- DO YOU HAVE A TATTOO? LOCATION: ..... YES NO
- ARE YOU USING ANY MEDICAL PLASTERS? ..... YES NO
- VIDEO CAPSULE FOR INTESTINE TESTS (PILLCAM®)? ..... YES NO
- DO YOU WEAR MAGNETIC FALSE EYELASH EXTENSIONS? ..... YES NO

**To carry out the MRI exam, you need to remove:**

contact lenses - hearing aids - dentures - removable temporary dental crowns - hernia belt - hair clips - hairpins - glasses - jewellery - watches - credit cards or other magnetic cards - pocket knives - money clips - coins - keys - hooks - metal buttons - pins - clothes with zippers - nylon stockings - acrylic clothing - metal tweezers - staples - nail files - scissors - any other metallic objects. Before undergoing the exam, please remove any cosmetic products from your face.

Società e Salute S.p.A.



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Società soggetta all'attività di direzione e coordinamento di Unipol Gruppo S.p.A.

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Approvato dalla Direzione Sanitaria

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**THE DOCTOR RESPONSIBLE FOR THE MRI DIAGNOSTIC SERVICE**

Acknowledged the answers provided by the patient, completed the medical examination and / or further preliminary diagnostic investigations  
**AUTHORISES THE MRI INVESTIGATION**

Signature of the radiologist \_\_\_\_\_ Date \_\_\_\_\_

**The patient:**

LAST NAME		FIRST NAME	
Place and date of birth		TIN	

OR: For the patient indicated above, the undersigned:

LAST NAME		FIRST NAME	
Place and date of birth		TIN	

As:

parent    caregiver    legal guardian    support administrator    other figures \_\_\_\_\_

**EXPRESSION OF INFORMED CONSENT TO MRI INVESTIGATION**

The patient believes he/she has been sufficiently informed about the risks and contraindications related to exposure to electromagnetic fields generated by the MRI equipment. Therefore, aware of the importance of the answers provided,

**HE/SHE AGREES TO CARRY OUT THE EXAM and DECLARES, if a woman, that she is NOT CERTAINLY OR PRESUMED PREGNANT**

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

In the case of a minor patient, the signature of a parent or guardian is required.

## **Information note related to MRI examination**

Magnetic Resonance Imaging (MRI) is a diagnostic technique that does not use ionising radiation or radioactive substances. MRI uses static magnetic fields and radio frequency (RF) electromagnetic waves, similar to radio and television waves. In general, basal MRI is usually a non-invasive diagnostic test and, according to current knowledge, it does not involve any significant biological effects on patients without contraindications and it is carried out in accordance with safety regulations and standards.

On women in a confirmed or presumed state of pregnancy, particular attention is given to the justification of the examination, in particular in emergency, and to the optimisation of the MRI examination, in relation to and taking into consideration both the health of the patient and that of the unborn child. **However, it is advisable not to perform MRI examination in female patients during the first trimester of pregnancy.**

## **Execution**

Patients can undergo the MRI examination only after excluding any possible contraindication to the MRI examination, to be ascertained by the Doctor Responsible for the diagnostic service, after consulting the patient's medical history questionnaire and the informed consent form. To carry out the MRI examination it is necessary for the patient, supported, where necessary, by the service personnel, to:

- remove any face make-up and hairspray;
- deposit any metallic, ferromagnetic or magnetic support objects (mobile phones, coins, watches, keys, earrings, pins, jewellery, hair clips, magnetic cards, credit cards, and so on) in the changing room or in the appropriate lockers;
- remove any dental appliance and hearing aid;
- remove contact lenses or glasses;
- undress, and then wear the specific single use gown provided by the service staff;
- use the headphones or earplugs provided.

The average duration of the MRI examination is approximately 30 minutes, but it may vary depending on clinical needs and the number of anatomical districts to be examined. During the data acquisition phase of the MRI examination, rhythmic noises of variable intensity caused by the normal functioning of the MRI equipment can be heard. Ventilation, lighting and temperature conditions ensure maximum well-being and reduce any possible claustrophobic effect.

**During the examination phase** it is necessary to remain calm and maintain the maximum degree of immobility in order not to compromise the diagnostic result of the image. Regular breathing and swallowing saliva do not disturb the examination. In some types of investigations the patient may be asked to collaborate by breathing or by holding short periods of apnoea in order to improve the diagnostic quality of the images. Service personnel are always present in the control room ready to intervene in case of any need. The patient is always in vocal, acoustic and visual contact with the operators, who carry out constant monitoring throughout the entire examination phase. In case of disturbances, such as sensations of claustrophobia, heat, itching, breathlessness, palpitations or fainting, the patient should inform the Doctor responsible for carrying out the MRI examination as soon as possible, using the appropriate signalling devices.

Patients with intrauterine contraceptive devices (spirals or IUD) should check their correct positioning after the exam. It is not necessary to interrupt any ongoing drug therapies (e.g. for hypertension or diabetes).

## **Possible complications**

During the MRI examination, adverse reactions are very rare. The most probable eventuality is represented by a temporary crisis of claustrophobia. However, episodes of hypersensitivity such as urticaria or other allergic phenomena, heat, itching, breathlessness, palpitations or feeling of malaise may rarely occur. In very rare cases, episodes of anaphylactic shock have been reported. The MRI site always guarantees the presence of specialised medical personnel ready to intervene in the event of any medical emergency of this kind.