DIAGNOSTIC RADIOLOGISTS
PR NO 038 00 008400

medical imaging

PO Box 9471
Eros, Windhoek
Namibia
E-mail: x-ray1@mi.com.na

MR QUESTIONNAIRE

Please tic the correct option

1. Have you had any operations on your heart? e.g. pacemaker, heart valve, etc YES ☐ NO ☐
2. Have you had any operations on your head? e.g. for aneurysms, tumors, etc YES ☐ NO ☐
3. Have you had any operations on your spine? e.g. laminectomies YES ☐ NO ☐
4. Have you had any operations on the area to be examined? YES ☐ NO ☐
5. Have you had any operations on your body where metal may have been implanted e.g. hip replacements, knee replacements, etc? YES ☐ NO ☐
6. Have you ever had any accidents involving your eyes where metal may have entered your eyeball e.g. in welding YES ☐ NO ☐
7. Do you suffer from epilepsy, fits or blackouts? YES ☐ NO ☐
8. Have you had an examination here before? YES ☐ NO ☐
9. Do you have false teeth, dentures, or hearing aids – if so, please remove them prior to your examination YES ☐ NO ☐
10. Please remove all coins, watches, jewelry, credit cards and spectacles

FEMALE PATIENTS

11. Any possibility of pregnancy? YES ☐ NO ☐
12. Are you breastfeeding? YES ☐ NO ☐

Signature of patient ____ Date _____________________

Signature of Radiographer __________________________________