

OUTPATIENT MRI SCREENING

门诊病人做核磁共振前问卷

Chinese

Patient or family member PRIOR to the MRI exam MUST fill out form completely.

病人或家属在照核磁共振前必须填妥此表格

Name 姓名 _____ Date of Birth:生日 _____ Weight 体重: _____ Height 身高: _____

The following items can interfere with MR imaging and some can actually be hazardous to your safety.

下列物件会影响核磁共振的造影、某物件些会危害您的安全。

Please check YES or NO if you have any of the following items:

请勾选您有、无下列物件:

QUESTIONS FOR MRI ELIGIBILITY/ METAL SCREENING

是否合格做核磁共振/金属筛选问卷

YES NO

有 无

- Have you ever had an MRI scan?
您曾经做过核磁共振吗?
- Do you currently have an implanted Cardiac pacemaker or defibrillator?
您目前有装置心脏起搏器或除颤器吗?
- Have you ever had a Cardiac pacemaker or defibrillator removed?
您以前的心脏起搏器或除颤器有被取出过吗?

DO YOU HAVE 您有无

- Aneurysm clips in brain? If yes, in which institution were they placed? _____
有无置放脑部动脉瘤夹? 如有、是在那一个医院做的?
- A Neurostimulator (TENS Unit), insulin pump or intrathecal pain pump (Circle all that apply)
有无神经刺激器、或胰岛素泵、或鞘内注射止痛的泵? (请勾选所有适合您的项目)
- Vascular clips or intravascular filters or coils?
血管夹或血管内过滤器、或线圈?
- Coronary or abdominal stents?
冠状动脉或腹腔支架?
- Nitroglycerin, nicotine, or any other medication patches on your body?
您身上有无硝化甘油、尼古丁或其他医疗用的贴片?
- A surgically placed shunts? If yes, is it programmable? YES 有 NO 无
经手术放置分流器? 如有、它是不是可以设定?
- Artificial heart valves
人工心瓣膜
- Breast tissue expanders?
隆乳

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UW Medicine

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Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

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- Any orthopedic hardware (*i.e. pins, rods, screws, nails, wires, or plates*)
骨科植入物件 (如: 针、 杆、 螺钉、 钉、 铁线或板片)
- Artificial/prosthetic limb or joint replacement?
人工肢体/义肢或关节置换?
- Penile Implant or IUD or diaphragm?
阴茎植入或子宫环或子隔膜?
- Eye implants or tattoo eyeliner
眼内植入物或纹眼线
- Body tattoos or piercings
纹身或身体穿孔
- Dentures? If yes, are they removable? YES 有 NO 无
假牙? 如有, 是否可取下?
- Any metal in your body such as shrapnel, gunshot wound, BB pellet
您体内有无任何金属如弹片、枪伤、BB 弹珠?
- Any pieces of metal in your eyes?
您眼内有无任何金属片?
- Have you ever in your lifetime been a metal worker, grinder, welder, machinist, etc.
as a hobby or profession?
您一生以来曾否做过金属工人、磨床、焊工、钳工等? 不伦是爱好或专业?
- Have you ever had surgery to your inner ear? 您过去做过内耳手术吗? Ear implants
耳内植入? YES 有 NO 无 Hearing aids 助听器? YES 有 NO 无

QUESTIONS FOR GADOLINIUM CONTRAST ADMINISTRATION

对使用钆造影剂的几个问题

- Do you have any allergies? If yes, please list: _____
您对任何东西会过敏吗? 如有、请列出:

- Are you allergic to MRI contrast? If yes, are you pre-medicated? YES 有 NO 无
您是否对核磁共振的显影剂过敏? 如过敏、您是否已经预先服药了?
- Do you have kidney problems, decreased kidney function, or a family history of kidney
problems?
您有肾脏病、肾功能减退或家族有肾脏病史?
- Have you ever had Kidney surgery or been on dialysis?
您曾经做过肾脏手术或肾透析吗?
- Do you have diabetes (Insulin or Non-insulin dependent)?
您有糖尿病 (需用胰岛素或 不需依赖胰岛素)?
- Are you pregnant or do you suspect that you could be pregnant? Are you nursing an
infant? YES 有 NO 无
您目前怀孕了吗或您认为您可能已怀孕? 您在哺母乳吗?

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- If you have a venous access port, do you need it accessed?
如您已有一个静脉通路端、您要我们使用它吗?
- Have you had any surgery within the past 6 weeks?
您在过去 6 周内有没有做过手术?
- Have you ever had surgery? 您曾经做过手术吗?
If so, what type? 如有、是何种手术? _____

In the past week, have you experienced any of the following: nausea/vomiting, diarrhea, fever/chills? If so, please specific?

过去一周以来、您有没有下列的各种症状：恶心/呕吐、腹泻、发烧/发冷？如有请具体说明 _____

PATIENT SIGNATURE 病人签名		DATE 日期	LEVEL 1/2
WITNESS / RELATIONSHIP 证人/ 与病者关 云	PRINT NAME 正楷书写姓名		LEVEL 1/2

Chinese Translation by UWMC Interpreter Services

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