

# OUTPATIENT MRI SCREENING

门诊患者核磁共振 MRI 扫描问卷

SIMPLIFIED CHINESE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
姓名: \_\_\_\_\_ 生日: \_\_\_\_\_ 身高: \_\_\_\_\_ 体重: \_\_\_\_\_

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

患者或家属在做核磁共振 MRI 扫描前必须填妥此表格

Please indicate if you have any of the following items:

请回答您是否具有下列的情况:

## QUESTIONS FOR MRI ELIGIBILITY/METAL SCREENING

核磁共振 MRI 扫描合格/金属筛查问卷

YES NO

是 否

- Have you ever had an MRI scan?  
您是否做过核磁共振 MRI 扫描?
- Do you currently have an implanted Cardiac pacemaker or defibrillator?  
您目前是否佩带了心脏起搏器或除颤器?
- Have you ever had a Cardiac pacemaker or defibrillator removed?  
您以前是否曾经佩带过心脏起搏器或除颤器, 而后来取出来了?
- Do you have restless legs, tremors or are you unable to lie flat?  
您是否双腿不能安定、身体颤抖或无法平躺?

Please indicate if you have:

请说明您是否具有:

- Aneurysm clips in brain? If yes, in which institution were they placed: \_\_\_\_\_  
是否放置了脑部动脉瘤夹子? 如果有, 是在那一个医院做的?
- Neurostimulator, deep brain stimulator, vagus nerve stimulator, spinal cord stimulator (Implanted or removed)?  
是否有神经刺激器、脑深部刺激器、迷走神经刺激器、脊髓刺激器 (植入了或移除了)?
- An implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)?  
是否有植入式药物泵 (例如胰岛素、巴氯芬、化疗、止痛药)?
- Any internal electrodes (e.g., doppler wires, abandoned or fractured leads)?  
是否有任何内部电极 (例如, 多普勒线、废弃了或断裂了的导线)?
- Vascular clips, GI clips, intravascular filters, artificial heart valves, or coils?  
是否有血管夹、胃肠道夹、血管内过滤器、人造心脏瓣膜或线圈?
- A capsule endoscopy or ingested a "pill cam" in the last six months?  
在过去六个月内, 是否接受过胶囊式内窥镜检查或服用过“药丸式摄像头”?
- Coronary, abdominal, vascular, or other stents in your body?  
您体内是否有冠状动脉、腹部、血管支架或其他的支架?

PLACE PATIENT LABEL HERE

### UW Medicine

Harborview Medical Center – University of Washington Medical Center  
UW Medicine Primary Care – Valley Medical Center -- UW Physicians

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YES NO

是 否

- An implant held in place or controlled by a magnet (e.g., programmable shunt)?  
是否有固定在某位置或由磁铁控制的体内植入物（例如，可编程的分流器）？
- A surgically placed non-programmable shunt (e.g., TIPS)? If yes, what type: \_\_\_\_\_  
是否有经手术放置的非可编程的分流器（例如 TIPS）？如果有，是什么类型：
- A loop recorder?  
是否有环路记录器？
- Eye implants?  
是否有眼睛植入物？
- Breast tissue expanders?  
是否有隆乳？
- Any orthopedic hardware (e.g., pins, rods, screws, nails, wires, or plates)  
是否有骨科植入物件（如：针、杆、螺钉、钉、金属线或板片）？
- An artificial/prosthetic limb or joint replacement?  
是否有人造/假肢或关节置换？
- A penile Implant, IUD, Implanon/Nexplanon, or diaphragm birth control?  
是否有阴茎植入物、宫内节育器、皮埋/皮下埋植节育棒 Implanon/Nexplanon 或隔膜节育器？
- A glucometer sensor or any medication patches (e.g., nitroglycerin, nicotine, hormone, anti-nausea, pain)?  
血糖仪传感器或任何药物贴片（例如硝酸甘油、尼古丁、激素、抗恶心药、止痛药）？
- Any metallic make-up/nail polish, piercings, or hair implants/accessories (e.g., bobby pins clips, extensions)?  
是否有任何金属饰物/指甲油、穿孔物或头发植入物/其他配件（例如，发夹、夹子、接发）？
- Tattoos or tattooed eyeliner placed within the last 6 weeks?  
最近 6 周内是否有纹身或纹眼线？
- Dentures? If yes, are they removable?      YES       NO   
是否有假牙？如果有，是否可取出？      可取出      不可取出
- Any metal in your body such as shrapnel, gunshot wound, BB pellet?  
您体内是否有任何金属物，如弹片、枪伤、BB 弹珠？
- Any pieces of metal in your eyes?  
您眼内是否有任何金属物？
- Worked as metal worker, grinder, welder, machinist, etc. as a hobby or profession?  
您一生以来是否做过金属工人、磨床工、焊工、钳工等？不论是出于爱好或职业？
- Surgery to your inner ear?  
您过去是否做过内耳手术？
- Ear implants (e.g., cochlear, Baha, stapes prosthesis, or tubes)?  
是否有耳植入物（例如，人工耳蜗、骨锚助听器 Baha、人工镫骨或导管）？

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- Hearing aids?  
是否有助听器?
- Any other type of surgically implanted medical devices, removable medical devices or personal items not covered above? If yes, what type: \_\_\_\_\_  
是否有：以上未列出的任何其他类型的手术植入的固定医疗器件、可移动医疗器件或个人物品？如果有，是什么类型：

## QUESTIONS FOR GADOLINIUM CONTRAST ADMINISTRATION

### 对使用钆显影剂的几个问题

**YES** **NO**  
是 否

- Do you have any allergies?** If yes, please list: \_\_\_\_\_  
您是否对某种物质有过敏反应？如果是，请列出：
- Are you allergic to MRI contrast?** If yes, are you pre-medicated? YES  NO   
您是否对核磁共振 MRI 扫描使用的显影剂有过敏反应？如果是，是 否  
您是否已经预先服用了防过敏药？
- Do you have kidney problems, decreased kidney function, or a family history of kidney problems?**  
您是否有肾病、肾功能减退或家族成员肾病史？
- Have you ever had Kidney surgery or been on dialysis?**  
您是否曾经做过肾脏手术，或正在做肾透析（洗肾）？
- Do you have diabetes (Insulin or Non-insulin dependent)?**  
您是否有糖尿病（需用胰岛素或不需用胰岛素）？
- Are you pregnant or do you suspect that you could be pregnant?**  
您目前是否怀孕了，或您认为您可能怀孕了？  
**Are you nursing an infant?** YES  NO   
您是否在哺母乳？是 否
- Have you received an iron or Feraheme injection in the past 3 months?**  
在过去 3 个月内，您是否接受过补铁剂，或铁血红素 Feraheme 注射？
- If you have a venous access port, do you need it accessed?**  
如果您已有一个植入静脉通路端、您是否要求我们使用它？
- Have you had any surgery within the past 6 weeks?**  
在过去 6 周内，您是否做过任何手术？
- Have you ever had surgery?** If so, what type \_\_\_\_\_  
您是否曾经做过手术？如果是，是何种手术？

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

在过去一周内，您是否具有下列的各种症状：恶心/呕吐、腹泻、发烧/发冷？  
如果有，请具体说明

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