BFI nl
weegschaalstraat 3
5632 CW Eindhoven
info@bfinl.com

BFI NL
Brain function imaging

Screening form fMRI

Please complete this form and return it when you arrive for your MRI appointment.

Practical matters: Please wear clothing without metal parts (such as buttons or zippers) for the examination. You can change in the changing room near the MRI scanner.
You will be required to read from a screen during the examination. Glasses are not permitted during the examination, but contact lenses are.

You cannot wear makeup at the start of the MRI scan, as some types contain metal particles.
You cannot wear jewelry or piercings at the start of the MRI scan.

How much do you weigh? How tall are you?

kg m

Name patient:
Gender: ○ male / female ○
Date of Birth:
Address:
Postal code:
City:
Phone:
Email:

Date:
Signature patient:

Disclaimer
The fMRI scan performed in the Netherlands concerns exclusively a technical measurement and data collection. BFI NL B.V. does not perform medical procedures, make diagnoses, provide medical or health advice, or issue reports or conclusions regarding the scan results. Medical analysis, interpretation, reporting, and advice based on the scan are performed exclusively by Cognitive fx, established in the United States.
The scan location in the Netherlands acts solely as a technical provider and cannot be classified as a healthcare provider within the meaning of Dutch healthcare legislation.

The patient acknowledges and accepts that: Cognitive fx is exclusively responsible for all medical analysis, interpretation, reporting, and advice resulting from the fMRI scan. BFI NL B.V. bears no responsibility or liability whatsoever for medical conclusions or diagnoses, (alleged) health effects, or treatment decisions. Damage, direct or indirect, arising from the use of the medical report or advice. Any complaints, claims, or disputes may be directed exclusively to Cognitive fx. Any liability of BFI NL B.V. is expressly limited to damage that is the direct and demonstrable consequence of a technical error during the execution of the fMRI scan, excluding consequential damage.

By signing, the patient declares:
To understand that BFI NL B.V. does not provide medical services. To agree that all medical services are provided by Cognitive fx. To waive claims against BFI NL B.V. regarding medical assessment, advice, or consequences thereof. To have completed the questionnaire truthfully and accepts the performance of the fMRI scan at their own risk and that the personal MRI images may be sent to Cognitive fx for assessment.

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Questionnaire

If you answer "yes" to any of the following questions, please contact us. A staff member will then discuss with you whether the study can proceed without any problems.

Do you have a pacemaker, old pacemaker wires or internal defibrillator?
Answer: Yes / No

Do you (possibly) have metal shards, bullet or grenade fragments?
Answer: Yes / No

Do you have a jaw implant with magnets to which the denture is attached?
Answer: Yes / No

Do you have a tissue expander with a magnetic port? (for breast reconstruction after amputation)
Answer: Yes / No

Do you have a hearing aid?
Answer: Yes / No

Do you have an internal hearing prosthesis?
Answer: Yes / No

Do you have clips or stents in your blood vessels?
Answer: Yes / No

Do you have an implant? (e.g., neurostimulator, port-a-cath, artificial heart valve, electrical device, or pump)
Answer: Yes / No

Do you have a fear of small spaces (claustrophobia)?
Answer: Yes / No