



MRI SAFETY QUESTIONNAIRE

THE FOLLOWING QUESTIONS ARE BEING ASKED TO ENSURE YOUR SAFETY AND TO MAKE US AWARE OF ANY CONDITIONS THAT COULD INTERFERE WITH YOUR MRI

PATIENT LABEL

PATIENT NAME		HEIGHT	
DATE OF BIRTH		WEIGHT	

DO YOU HAVE ANY OF THE FOLLOWING? YES NO

Cardiac pacemaker / pacing wire / defibrillator

Aneurysm clip

Neurostimulator or implanted electrodes

Endoscopy capsule or radiation seeds

Cochlear implant / ear surgery

Heart valve replacement

Stent in a blood vessel

Embolisation coil

If you have answered 'yes' to any of the above please let the MRI receptionist know ASAP

SURGERY YES NO

Have you had any surgery in the past?

Have you ever had an operation on your spine / back?

Have you had colonoscopy within the last 6 weeks?

If yes, were any 'clips' placed?

Briefly describe your symptoms:

METAL / ELECTRONIC IMPLANTS YES NO

Do you have any of the following?

Infusion pump, Hickman catheter or other vascular access port

Brain shunt

Wire mesh or wire sutures (stitches)

Joint replacement, pins, rods, or screws in bone

Removable dentures

Penile prosthesis

Body piercing / tattoos

Date of onset or accident?

Have you ever had an operation on the area being scanned today? YES NO

EXPOSURE TO METAL FRAGMENTS YES NO

Have you ever been a welder or metal worker?

Have you ever had an eye injury caused by metal or metal splinters?

Are there any bullet or shrapnel fragments in your body?

Please tell us about any **operations / injections / treatment to that area:**

FEMALE PATIENTS YES NO

Is there any possibility you may be pregnant?

Do you have an IUD (intra-uterine device, copper 7)?

Are you currently using a hormonal patch?

IMPORTANT INSTRUCTIONS:

Remove **all** metallic objects before entering the MR system room including hearing aids, mobile phones, keys, eyeglasses, hair pins, jewellery (including body piercing jewellery), watch, safety pins, credit or bank cards, magnetic strip cards, coins, pens, pocket knife, steel-toed boots / shoes and tools. A locker is available in the changing room. Some items, if brought into a magnetic field could pose harm, could damage the equipment, and could also themselves be damaged or destroyed.

Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MR system room.

PATIENT SIGNATURE		MRI TECHNOLOGIST	
PARENT/GUARDIAN SIGNATURE	IF PATIENT IS UNDER 18YRS OF AGE	DATE	