MRI Patient Safety Questionnaire

NAME: ____ DATE OF BIRTH:___________________ WEIGHT:__________ HEIGHT:_________

The MRI scanner uses a powerful magnetic field which can interfere with certain implants, devices or objects and may be hazardous to you. Please answer the following questions carefully.
PLEASE REMOVE ALL LOOSE METALLIC OBJECTS INCLUDING BODY PIERCINGS, HEARING AIDS AND DENTURES.
Please do not wear makeup if you are having your head region scanned.

	YES	NO
Have you had an MRI scan before?	☐	☐
Any YES answered questions below please call TIC	☐	☐
Do you have a cardiac (heart) pacemaker or artificial heart valve?	☐	☐
Have you EVER had heart stents inserted?	☐	☐
Have you EVER had any other surgery to your heart?	☐	☐
Have you EVER had any surgery to your head, brain or eyes?	☐	☐
Do you have a Programmable Hydrocephalus Shunt (fluid on the brain)?	☐	☐
Do you have a Cochlear (Inner Ear) Implant?	☐	☐
Have you EVER had any surgery in any other part of your body?	☐	☐
Have you EVER had any metal fragments in your eyes from welding/grinding/accidents?	☐	☐
Have you EVER had any metal fragments in any other part of your body?	☐	☐
Have you EVER had any surgery which involved the use of metal implants, plates or clips?	☐	☐
Have you EVER had any type of electronic, mechanical or magnetic implant? (e.g. neurostimulator)	☐	☐
Do you wear a calliper or artificial limb?	☐	☐
Do you have any tattoos?	☐	☐
Are you currently wearing and skin patch/plasters or permanent eye make-up?	☐	☐
Do you suffer from Epilepsy, fits or blackouts?	☐	☐

LADIES ONLY

Are you or could you be pregnant?	☐	☐
Are you breast-feeding?	☐	☐

I confirm the above details are correct and consent to the MRI scan, including any injection required as part of the procedure:

Patient Signature: **Date:**

If the patient is under 18, please state name of parent/guardian

Parent/Guardian:

Signature: **Date:**

I confirm I have discussed and checked with the above named person the associated risks:

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE IT IS ADVISED THAT YOU CALL OUR TEAM ON THE NUMBER BELOW AND DISCUSS THIS WITH CLINICAL STAFF - Tel: 0333 358 5111