

MRI Patient Safety Questionnaire

Name: Date of Birth:

Address:

Please complete **prior** to your appointment. Height: Weight:

If you answer 'YES' to any questions 1 - 9, 18 or 19 you **must** call the MRI unit on 01493 453260 to discuss the detail, otherwise your scan may be delayed or cancelled when you attend.

1	Do you have, or have you EVER had a Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) or any other implanted cardiac device/implant?	Y*	N
2	Do you have or have you EVER had any type of electronic, mechanical or magnetic implant or device (e.g. neuro-stimulator, cochlear implant or drug infusion pump, contraceptive coil or metallic pessary)?	Y*	N
3	Have you EVER had any operations on your brain, eye(s), ear(s) or spine?	Y*	N
4	Do you have an intra-cranial aneurysm clip in your head?	Y*	N
5	Do you have a hydrocephalus shunt? If YES, is it a programmable shunt?	Y* Y*	N N
6	Have you EVER had any operations/procedures involving the use of metal plates, pins, clips, coils, stents, gastric bands or breast tissue expanders?	Y*	N
7	Have you had any operations or clinical procedures in the last 8 weeks?	Y*	N
8	Have you EVER had any metal dust/fragment go into your eyes?	Y*	N
9	Have you EVER had any injuries involving metal (for example, bullets, shrapnel, needles etc)?	Y*	N
10	Do you have a prosthetic device, piercings, dentures or hearing aids?	Y	N
11	Do you have any trans-dermal medication patches?	Y	N
12	Do you have any tattoos, permanent makeup or magnetic eyelashes?	Y	N
13	Do you suffer from fits, blackouts or epilepsy?	Y	N
14	Are you allergic to anything that you know of?	Y	N
15	Do you have any kidney or heart problems?	Y	N
16	Have you had or are you awaiting a liver transplant?	Y	N
17	Have you had an injection for an MRI scan within the last 7 days?		
18	Is there any possibility that you might be pregnant?	Y	N
19	Are you breast-feeding?	Y	N
	<i>*Please provide detail:</i>		

Before your scan please remove all metallic objects from your person including jewellery, hairgrips, hair pieces, keys, money, credit cards and mobile phones. It is advisable to remove make-up, and it may also be requested that you to wear a hospital gown, especially if your clothes have metallic fastenings, zips or metallic threads.

Declaration: I take full responsibility for the information given and confirm that it is correct to the best of my knowledge.

Patient/Guardian/Escort/Representative Signature:	MRI Authorised Person Signature:	Date: