

MRI PATIENT SAFETY QUESTIONNAIRE



The MRI system has a very strong magnetic field that is ALWAYS on. The answers to the below questions will help us decide if there is anything in your body which might make it unsafe for you to have a MRI scan. This form must be completed and signed by the patient or guardian BEFORE the examination. Please read and answer the questions carefully and contact Emerald Radiology if you have any questions.

1. PERSONAL DETAILS

Patient Name:		Weight:	kg
Date of Birth:		Height:	cm

2. DO YOU HAVE ANY OF THE FOLLOWING

YES	NO	Cardiac pacemaker/Defibrillator/Pacing Wires	YES	NO	Neurostimulator or Drug Infusion Pump
YES	NO	Artificial heart valve	YES	NO	Electronic or magnetically activated implant or device
YES	NO	Aneurysm clip	YES	NO	Brain Shunt
YES	NO	Ear implant (Stapes, Cochlear) / Bionic Ear	YES	NO	Any other type of prosthesis / implant (eye, penile)
YES	NO	Vascular Implant / Stent / Coil / Filter / Aortic Graft	YES	NO	Have you ever had an allergic reaction to contrast media?
YES	NO	Joint replacement or artificial limb	YES	NO	Is there a possibility you could be pregnant?
YES	NO	Metal Rods, plates, screws in/on bones	YES	NO	Are you breastfeeding?
YES	NO	Metal/Shrapnel/Bullet injuries	YES	NO	Body Piercing / Tattoos
YES	NO	Hearing Aid	YES	NO	Nicotine or medication patches?
YES	NO	False teeth / Removable Bridgework / Braces?	YES	NO	Do you suffer from claustrophobia?
YES	NO	Are you a diabetic?	YES	NO	Have you ever had metal in your eye following an injury? If yes, has it been removed? YES NO
YES	NO	History of kidney (renal) disease?	YES	NO	Is there any possibility of metal in your body through injury or surgery, other than stated on this sheet?

3. HAVE YOU HAD A MRI EXAMINATION BEFORE?

YES	NO	If yes please list the dates and facilities where you have had MRI exam before
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WARNING: Before entering the scan room, you must remove ALL metallic objects including watches, jewelry, hearing aids, wallet, credit cards, coins, keys, pens/pencils, scissors, mobile phones, hair pins, clips, piercing, clothing with metal eg. bra, jeans, zips, studs. Please note you will be required to change into a gown. Lockers are provided for personal items.

4. DECLARATION

I hereby confirm that I have read, understood and correctly answered the above questions.

Name:	Signature:	Date:
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Completed by: Patient Relative /Carer Doctor

MRI OFFICE USE ONLY

I have explained the procedure to the patient and checked that the questionnaire has been satisfactorily completed

Name:	Signature:	Date:
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Implant Details:	
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Outcome:	
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