

MRI Patient Safety Questionnaire

If you answer YES to any of the starred (*) questions, please contact the department on 0151 604 7317 otherwise your scan may be postponed for safety reasons

Name:	Ward	Weight (kg)
Date of Birth:	Address	Transport required: chair/trolley (please delete)

	Yes	No	Comments
I have a cardiac pacemaker, internal cardiac defibrillator, artificial heart valves or any other cardiac device.			*
I have aneurysm clips, ear implants, stent or shunts			*
I have had surgery on my head, heart, chest, breast or spine			*
I have had surgery within the past six weeks			*
I have had metal fragments in my eye (any time)			*
I have shrapnel; pellets or foreign bodies within me			*
I have medical devices attached to my body e.g. a syringe driver, silver dressings, diabetic devices.			*
I have metal implants, artificial joints/limbs, pins or plates, gastric band/bypass, I have swallowed a pill camera for bowel investigations			*
I have kidney disease (renal failure)			
I have allergies e.g. hay-fever, asthma, or latex			
I have medicine patches including HRT on my skin			
I have tattoos, cosmetics tattoos or body piercing			*
I have a wig, false/magnetic eyelashes, or metallic hair extensions			*
I have dentures and/or hearing aids			
Do any of these apply: I am or could be pregnant. I have an intrauterine device (IUD) other than the Mirena coil I am breast feeding			*
Patient signature:	MRI Staff Signature:		
Date:	Date:		
Relative/Carer or Parent/Guardian signature including name and relationship to patient	Ward Staff who have completed questionnaire with relative/carer or parent/Guardian signature		
Date:	Date & Grade		

PLEASE READ OVERLEAF

*Please note family members are **NOT** allowed to interpret for the patient. An official interpreter must be booked by the hospital in advance of your appointment. Please ring number 0151 604 7317 to advise of language required.

Please be aware that MRI staff are unable to provide supervision for children during your appointment, therefore, please make your own provision for childcare.

YOU MUST REMOVE ALL METAL FROM YOUR PERSON EXCEPT GOLD WEDDING RINGS, WHERE POSSIBLE LEAVE ALL VALUABLES AT HOME.

FOR MRI STAFF ONLY

CONTRAST	LOT NUMBER	EXPIRY DATE	ADMINISTERED BY