**Magnetic Resonance Imaging (MRI) – Patient Safety Questionnaire**

MRI scanners use a powerful magnet and radio-frequency waves to obtain very detailed images of the body. **You cannot take watches, jewellery, coins, credit cards, keys or any electronic equipment into the MRI scanning room**. Lockers are provided but you may prefer to leave such items at home. Please wear/bring with you suitable clothing with **no metal fastenings, decorations or under wiring**. Changing facilities are available.

The following questions are designed to identify any other magnetically sensitive items that you might not be able to remove. Your answers will be checked and discussed with you on arrival at the MRI scanning unit.

|  |
| --- |
| **Surname: Weight:** **Forenames: Height:****Date of Birth:**  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you had a previous MRI examination? | **[ ]**  | **[ ]**  |
| Do you have a cardiac pacemaker or defibrillator? **(if you have answered ‘Yes’ to this question, please phone the department on 01722 429282)**Do you have a cardiac monitor/loop recorder? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Have you had any surgery on your heart? ie. stents, valve replacements, closure devices**Details:**  | **[ ]**  | **[ ]**  |
| Have you had any surgery on your head?**Details:**  | **[ ]**  | **[ ]**  |
| Have you had any surgery on your spine?**Details:**  | **[ ]**  | **[ ]**  |
| Have you had any procedures that might have involved the use of electronic or mechanical implants of any kind? ie metal clips, pins, plates or coils (including contraceptive coils) programmable shunts, neurostimulators, implanted drug pump or cochlear implants**Details:**  | **[ ]**  | **[ ]**  |
| Have you had any surgery in the last 12 weeks?**Details:**  | **[ ]**  | **[ ]**  |
| Have you ever had splinters/fragments of metal go into your eyes or any other part of your body?**If you are in ANY doubt, please answer ‘YES’** | **[ ]**  | **[ ]**  |
| Have you been asked to swallow a “pillcam” or pill camera (to look at your bowel)?**If yes, are you aware of having passed it?** | **[ ]**  | **[ ]**  |
| Do you have any tattoos, permanent make up or body piercings of any kind? | **[ ]**  | **[ ]**  |
| Do you wear any trans-dermal patches (ie for hormones, pain relief or nicotine therapy)? | **[ ]**  | **[ ]**  |
| Do you have any removable pumps (ie for insulin delivery) or blood glucose monitoring attached to you? | **[ ]**  | **[ ]**  |
| Is there any possibility that you might be pregnant? Or are you breastfeeding? | **[ ]**  | **[ ]**  |

**I have answered the above questions to the best of my knowledge, and I agree to undergo the MRI examination.**

**Patient’s signature** ……………………..................  **Date** ……………………….

**MRI staff member’s signature** ……………………. **Date** ……………………….