**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? **(if you have answered ‘Yes’ to this question, please phone the Department on 01722 429282)**Do you have a defibrillator or cardiac monitor? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| 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 metal clips, pins, plates or coils (including contraceptive coils)?**Details:**  | **[ ]**  | **[ ]**  |
| Have you had any surgery in the last 12 weeks?**Details:**  | **[ ]**  | **[ ]**  |
| Have you ever had splinters/fragments of metal in your eyes?**If you are in ANY doubt, please answer ‘YES’** | **[ ]**  | **[ ]**  |
| Have you ever had an injury from a metallic foreign body, ie bullets, shrapnel or splinters? | **[ ]**  | **[ ]**  |
| Do you have any tattoos? | **[ ]**  | **[ ]**  |
| Do you wear any trans-dermal patches (ie for hormones, pain relief or nicotine therapy)? | **[ ]**  | **[ ]**  |
| Do you have any implants, ie programmable shunts, neurostimulators, implanted drug pump or cochlear implants? | **[ ]**  | **[ ]**  |
| Do you have any removable pumps (i.e for insulin delivery) 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** ……………………….