

MRI SAFETY QUESTIONNAIRE

Patient Name _____ Date of birth _____ / _____ / _____ Weight(kg) _____

In order to assure your safety and to provide the best possible images, it is necessary for you to answer the following questions by circling YES or NO
Please take off all jewellery and hair clips while waiting for your examination. A locker will be provided to secure your valuables including wallet, keys,

<p><i>Have you ever had:</i></p> <p>Heart Surgery?..... YES NO Brain Surgery?..... YES NO Ear Surgery?..... YES NO</p> <hr/> <p><i>Female Patients only:</i></p> <p>Is there a possibility you may be pregnant? YES NO Are you currently breast feeding? YES NO Do you have an Intra-Uterine Contraceptive Device (IUCD)? -..... YES NO</p> <hr/> <p><i>Male Patients only:</i></p> <p>Do you have a penile prosthesis? YES NO</p> <p>Are you or have you ever been a metal worker?.....YES NO Have you ever had an eye Injury caused by metal?....YES NO</p>	<p><i>Do you have (or ever had) any of the following?</i></p> <p>Pacemaker..... YES NO Pacing wires/internal cardiac defibrillator..... YES NO Cardiac/Coronary artery stent..... YES NO Neurostimulation/drug infusion device..... YES NO Artificial heart valve..... YES NO Brain aneurysm clip..... YES NO Cochlear implant..... YES NO Pill cam capsule examination..... YES NO Cook Zenith aortic stent..... YES NO Eye or ear implant..... YES NO Hearing aid..... YES NO Brain shunt tube..... YES NO Tissue expander (eg. Breast)..... YES NO Joint replacement/pins/screws/wires..... YES NO Shrapnel/bullet/gun shot..... YES NO Any metallic foreign bodies..... YES NO Tattoos or permanent eye liner..... YES NO Dentures or removable dental devices..... YES NO Please list allergies (if any) _____ _____</p> <hr/> <p>Do you have renal (kidney) failure?..... YES NO If yes, are you on dialysis?..... YES NO</p> <hr/> <p style="text-align: center;"><i>Office use only</i></p> <p>Self determined orbit x-ray <input type="checkbox"/> Checked and cleared.. YES NO Radiologist checking _____</p> <p style="text-align: center;"><i>Office use only</i></p> <p>Creatinine _____ eGFR _____</p>	<p style="text-align: center;">MRI Contrast (Gadolinium) Consent</p> <p>Occasionally for clarification and to allow for the detection of subtle abnormalities, you may require an injection of contrast media (gadolinium) in to a vein in your arm during the scan.</p> <p>MRI contrast media is not related to iodinated contrast commonly used in CT/Angiography. As with all medications, there is a very slight risk of an allergic reaction. Most common reactions/observations are:</p> <ul style="list-style-type: none"> • metallic taste in the mouth • nausea or headache in less than 1% of people • Insertion of the needle may leave a small bruise <p>Severe allergic reactions are extremely rare. Trained medical staff are on site to treat you in the event of a serious reaction. MRI contrast will not be administered if you have kidney failure.</p> <p>Do you consent to an injection of MRI contrast if required during your scan?.....YES NO</p> <hr/> <p>I acknowledge I have answered the above questions</p> <p>_____ date</p> <p style="text-align: center;">Patient to sign</p> <hr/> <p>_____ date</p> <p style="text-align: center;">Staff member to sign</p>
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