

**PATIENT MRI SAFETY QUESTIONNAIRE**

The following questions are being asked to ensure your safety and to make us aware of any conditions that could interfere with your MRI

**Full Legal Name:****Please circle**

Date of Birth:        /        /	Weight:	Are you claustrophobic/highly anxious in small spaces?	YES	NO
Have you had an MRI before?	If yes, when and what body part was scanned?		YES	NO
Have you ever had an injury from a metal object (e.g. metal fragments/slivers, bullets, shrapnel) in your eyes or body?			YES	NO
If yes, did you seek medical attention?			YES	NO
Female Patients: Is there any possibility you might be pregnant?			YES	NO

**HAVE YOU EVER HAD ANY SURGERY OR PROCEDURES ON THE FOLLOWING? IF YES, PLEASE GIVE DETAILS**

Heart:	YES	NO
Brain:	YES	NO
Eyes:	YES	NO
Ears:	YES	NO

**DO YOU HAVE OR HAVE YOU EVER HAD:**

Cardiac Pacemaker, Intracardiac defibrillator	YES	NO
Implanted drug pump, vascular access ports (e.g. Hickmann, PICC line, Port-a-Cath)	YES	NO
Brain aneurysm clip, coil or shunt	YES	NO
Vascular (blood vessel) stent, coil, filter or graft	YES	NO
Joint replacement, pins, rods, screws, plates, mesh, staples or clips	YES	NO
Any type of tissue expander	YES	NO
Neurostimulator, biostimulator, other stimulator, implanted electrodes or wires	YES	NO
Endoscopy capsule (Pill Cam)	YES	NO
Have you had an endoscopy or colonoscopy within the last 6 weeks?	YES	NO
If yes, were any clips placed?	YES	NO
Any other medical implants or devices? Please list:	YES	NO

**DO YOU HAVE ANY OF THE FOLLOWING?**

Hair extensions, wig or toupee?	YES	NO
Removable dentures, plates or magnetic dentures?	YES	NO
Non-removable jewellery, body piercings or acupuncture beads? Location:	YES	NO
Tattoos or permanent makeup?	YES	NO
Transdermal skin patches (pain, nicotine, hormone) or any dressings (compression, silver dressing, physio tape)?	YES	NO
Glucose Monitoring System?	YES	NO
Hearing aids?	YES	NO

**CONSENT FOR MRI SCAN**

I attest that the above information is correct to the best of my knowledge. I give consent for the MRI examination.

**Patient signature:** \_\_\_\_\_**Date:**        /        /**Technologist signature:** \_\_\_\_\_**Date:**        /        /