

MRI PATIENT QUESTIONNAIRE AND CONSENT FORM

Due to the nature of MRI, the MRI technologist must screen you to ensure you are safe to proceed with the scan. Please ensure you fill this form in truthfully and to your best knowledge.

Hunter Imaging Group wishes to ensure your safety during your MRI experience.

Patient Name _____ Date of Birth / /
Weight _____ Kgs Height _____ Cms

Have you had an MRI scan before? No Yes

If **Yes**, is today's examination in the same body area ? No Yes

Where and when was your previous MRI scan performed? _____

MRI Safety Questionnaire

Do you have any of the following devices in/on your body (please tick):

Cardiac / Heart Pacemakers / pacing wires or implanted Defibrillator? No Yes

Artificial Heart Valve? No Yes

Aneurysm Clip / Brain Clip? No Yes

Vascular Implant / Coils / filters or stents? No Yes

Infusion or drug pump? No Yes

Brain Shunt / Neurostimulator? No Yes

Spinal Stimulator? No Yes

Cochlear, Stapes (ear) implant? No Yes

Any other type of prosthesis / Implant (Eye, Penile etc)? No Yes

Electrically, mechanically or electronically activated implants? No Yes

If you answer Yes to ANY of the above questions, please contact 132336 immediately. Any of the above devices may exclude you from having an MRI.

Have you ever had metal in your eyes or worked extensively with metal? No Yes

Bullets, Shrapnel or other metal from accidents in your body? No Yes

For females of childbearing age: Is it possible that you may be pregnant? No Yes

Do you have an IUCD fitted? No Yes

Are you breast feeding? No Yes

The following devices may affect the quality of the MRI examination but are unlikely to be a safety hazard. We need to know if any of these items are present as it may influence the way we perform the examination.

Dental work, dentures, dental plates or hearing aids? No Yes

Metal joints / joint replacements, pins, plates, rods, screws, nails or clips? No Yes

Tattoos, body piercings or medicated skin patches? No Yes

Kidney Disease / Reduced Kidney Function? No Yes

- You will be required to change into a gown prior to your examination and your personal items will be stored securely.
- Before your scan you must remove all metal objects. These include but are not limited to wallets, mobile phones, keys, credit cards, body piercings, hair clips and extensions, hearing aids and removable dentures.
- Do NOT bring anything into the MRI room with you. Some items brought into the MRI room can be harmful to yourself, our staff or the equipment.

I consent that the above questions have been answered to my best knowledge:

Signed _____ Date / /

Form Completed by: Patient Relative Doctor Other: (Please specify): _____