MRI SAFETY CHECKLIST

This form must be completed and signed by the patient.

Patient's Name: .....

Date of Birth: ..... /..... /.....

Weight: .....kgs Height:.....m

Please complete the questions by circling YES or NO.
If you have any queries please ask the staff.

STAFF USE ONLY - VISUAL CHECK				
	Referral		Screen	
Correct Name	Y	N	Y	N
Correct DOB	Y	N	Y	N
Correct Address	Y	N		
Clinical details read	Y	N	Y	N
Correct Modality	Y	N	Y	N
Correct Site	Y	N	Y	N
Correct Side	R L	N/A	R L	N/A
Correct Annotation			Y	N
Checked by				

If you have a pacemaker or intra-cerebral aneurysm clip, or any other implanted device, please inform the MRI staff immediately.

Have you ever had:	
Heart Surgery	Y / N
Brain Surgery	Y / N
Ear Surgery	Y / N
Metal in your eyes e.g. from metal grinding	Y / N

Female Patients:	
Could you be pregnant?	Y / N
Are you breastfeeding?	Y / N
Do you have an intrauterine device?	Y / N

Please note there are no known risks to the developing foetus from MRI. However, complete safety has yet to be fully established.

Please list all your allergies:

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Do you (or have ever had) any of the following?

Heart Attack	Y / N	Ocular (eye) prosthesis	Y / N
Stroke	Y / N	Implanted pain relief pump	Y / N
Peripheral Vascular Disease	Y / N	Any other form of implant	Y / N
Pacemaker	Y / N	A reaction to MRI Contrast?	Y / N
Pacing Wires/Defibrillator	Y / N	Hypertension	Y / N
Artificial Heart Valve	Y / N	Any history of Kidney disease?	Y / N
Brain aneurysm clip	Y / N	Recent blood test to look at Kidney function? If YES, where	Y / N
Cochlear implant	Y / N		
Stapes (ear) implant	Y / N		
Neurostimulator / Biostimulator	Y / N		
IVC filter	Y / N	Diabetes	Y / N
Intravascular coils, filters or stents	Y / N	Any form of cancer? If YES, please describe the area affected.	Y / N
Vascular clips or wires	Y / N		
Brain shunt tube	Y / N		
Metal pins, plates, rods, screws, prosthesis	Y / N		

Do you have any of the following?

Hearing aid	Y / N	Shrapnel or bullet wounds	Y / N
Currently have transdermal (skin) patches? e.g. nicotine patches	Y / N	Dentures, braces including magnetically activated dentures	Y / N
A tattoo (or tattooed makeup)	Y / N	Any type of body piercing	Y / N

Have you had an operation in the last 6 weeks? If YES, what? ..... Y / N

As part of the MRI examination, you may need to have an injection of a contrast agent (dye) known as Gadolinium. This medication is administered intravenously (injection into a vein) through a fine needle.

Overall MRI contrast injection is a safe procedure. Occasionally patients feel a little nauseous but this only lasts momentarily.

More serious allergic type reactions, although possible, are extremely rare. The staff in the MRI department are fully trained to deal with such a reaction should it occur.

I acknowledge to the best of my understanding, the answers are true.

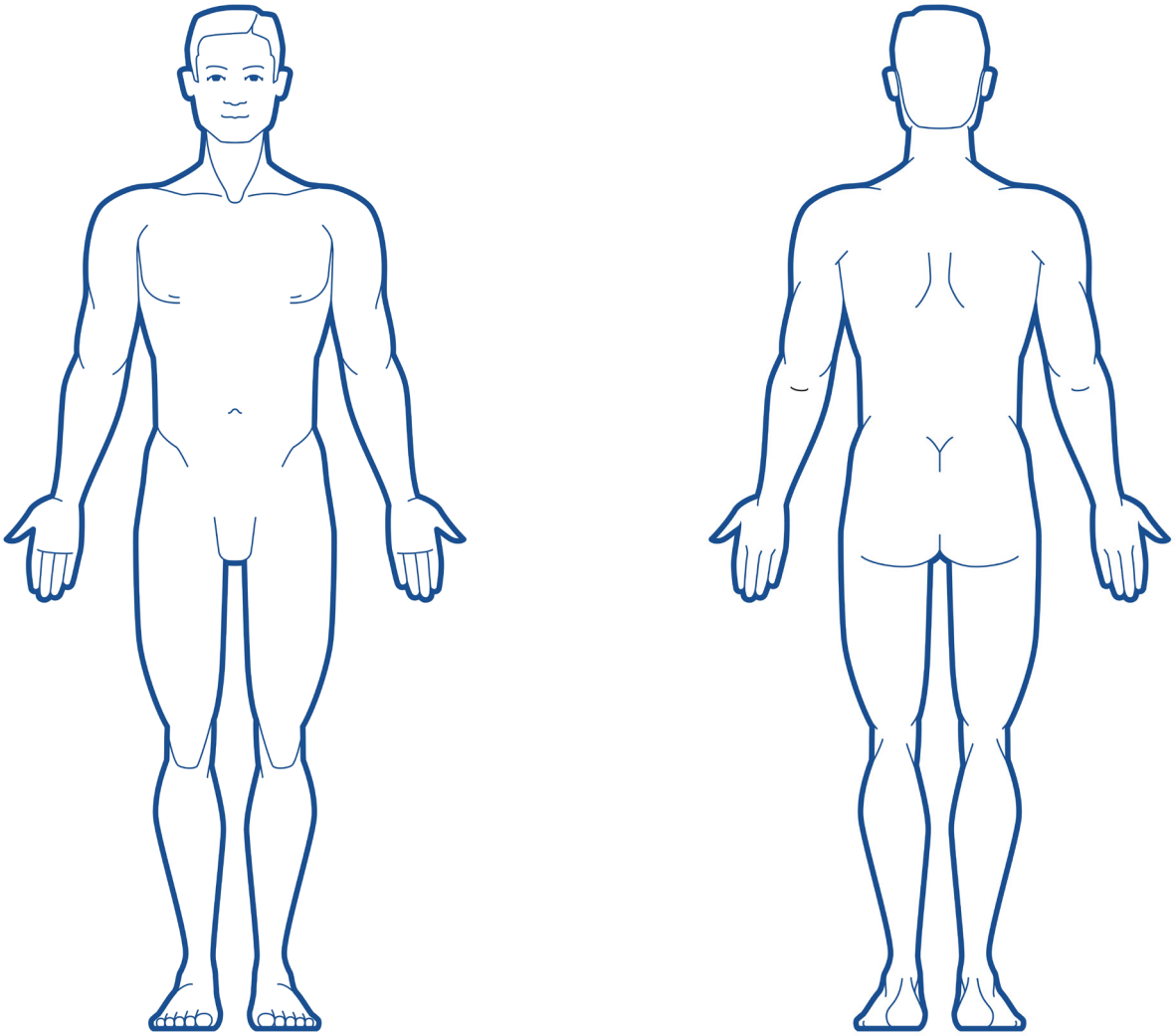
I have had the MRI scan explained to me and been given the opportunity to ask questions about this scan. I give my consent to undergo this procedure.

Date ..... /..... /..... Signature ..... (please turn over)

Date ..... /..... /..... Signature of MRI Technologist .....

PLEASE REMOVE ALL JEWELLERY (WATCHES, CHAINS, EARRINGS ETC) IN PREPARATION FOR YOUR EXAMINATION.

Please indicate on the diagrams below where your pain is:



Have you had any previous trauma/injury, surgery or procedure relating to the relevant area?
If yes, describe what and when occurred:

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Have you had any other imaging for this problem?	No	Yes	If yes, when and where
X-ray	☐	☐	
Ultrasound	☐	☐	
CT scan	☐	☐	
MRI scan	☐	☐	
Other test	☐	☐	

Pre MRI Imaging:

☐ Orbits X-ray Clear ☐ Reviewed by Dr .....

☐ CT Temporal bones Clear ☐ Reviewed by Dr .....

☐ MRI Arthrogram Contrast injected by Dr .....