



BAMRR MRI SAFETY QUESTIONNAIRE

Name..... Date of Birth.....

Address.....

Height..... Weight.....

	YES	NO	DETAILS
Have you ever had an MRI scan before?			
Do you, or have you ever had, a cardiac pacemaker or implantable cardioverter defibrillator (ICD)?			
Have you ever had any surgery to your heart?			
Have you ever had any brain surgery or surgery to your eyes or ears			
Do you have a hydrocephalus shunt? If Yes, Is it a programmable shunt?'			
Do you have any type of electronic, mechanical or magnetic implant or device?			
Have you ever had any surgery involving the use of pins, clips, Plates, screws or stents?			
Have you ever had an endoscopy procedure involving swallowing a capsule "Pillcam"			
Have you ever had any accidents where metal may have entered any part of your body, especially your eyes? Eg shrapnel.			
Are you wearing any form of drug delivery patch eg Nicotine replacement or pain relief?			
Do you have any tattoos or body piercings of any type?			
FOR CONTRAST EXAMINATIONS			
1. Do you have any allergies			
2. Are your kidneys working well			
1. Are you or could you be pregnant?			
2. Are you breastfeeding			
3. Do you have a contraceptive coil (IUD)			
<p>Before entering the scan room you will need to remove any loose metal objects such as coins, keys, watch, jewellery and hairclips. You may be asked to remove any makeup. You may be asked to change into metal free clothing especially if you are wearing sportswear with metal threads.</p>			
PATIENT SIGNATURE	AUTHORISED STAFF SIGNATURE		DATE