



Participant ID: R###RID###		Surname: ###SURNAME###		Forename: ###FORENAME###		Date of Birth: ###DOB###	Weight:	Contact No: ###CONTACT###
Address		###ADDRESS1### ###ADDRESS2### ###ADDRESS3### ###ADDRESS4###		GP Address		###GP1### ###GP2### ###GP3### ###GP4###		
Verified				Verified				

If your, or your GPs, address are different to those shown above please cross out the old address and write the new one next to it.  
Please do not assume we will accept you for a research scan on the basis that you have been scanned elsewhere (regardless of whether it was for research or clinical reasons).  
Please remove all eye make up prior to attending for your scan.

*It is essential that all questions on this sheet are answered truthfully. This information is essential in order to ensure your safety and will be kept completely confidential.*

Please answer the following questions accurately by ticking the appropriate box. If you answer YES to any of the safety questions please call YNIC on 01904 435329	Participants Answers		YNIC STAFF USE ONLY	Please answer the following questions accurately by ticking the appropriate box. If you answer YES to any of the safety questions please call YNIC on 01904 435329	Participants Answers	
	Yes	No	Approval for individuals with contraindications		Yes	No
<b>Safety</b>				<b>Safety</b>		
Do you have a cardiac (heart) pacemaker or pacing wires?			NEVER SCAN	<b>Female Participants</b>		
Have you ever had any operations on your heart, head or spine? <i>If yes please give details</i>				Do you have an Intra-Uterine Contraceptive Device? <i>if yes please give details (certain types are not safe at 3T)</i>		
Do you have or have ever had a spinal or other neuro stimulator				Are you, or could you be pregnant?		
Have you had any surgery which involved the use of medical implants? E.g. Hip or knee replacements, breast or penile implants or any procedure using metal stents e.g. coronary arteries. <i>If yes please give details</i>				<b>Consent</b>		
				I have fully understood and completed the safety section of this form.		
Do you have a programmable hydrocephalus shunt?			NEVER SCAN	I understand the nature of the procedures to be carried out		
Do you have a cochlear (ear) implant?			NEVER SCAN	I have been able to ask questions regarding the procedures		
Do you have a fixed dental brace?				I have had the emergency evacuation procedures explained to me		
Have you any surgery in the last 3 months?				I give my full consent to MRI scans being performed on me		
Have you, at any time, had an injury to your eye involving metal fragments?				I give my consent to my anonymised images from my scan being used for display		
<i>If YES</i> Did you see a doctor or get medical advice?				I am aware that I may end the scan or procedure at any time by informing a member of staff		
<i>If YES, did the doctor tell you that everything had been removed?</i>				<b>Signatures</b>		
Do you have any shrapnel in your body?				Only sign if you are in <b>no doubt</b> about the participant's suitability for MRI		
Do you have any piercings?				Project ID: ###PID### - ###PDESC###		Date
Do you have any tattoos?				Participant		
Do you have any medicinal patches? Including nicotine, hormone				Guardian (if under 18 years old)		
Are you a close relative of any of the investigators, i.e. Spouse, sibling, parent, grandparent, child or grandchild?				Approved Investigator		
Do you have epilepsy? Have you ever had a fit or seizure?				Approved operator		
<b>Complete the section below only after completion of final metal screening:</b>						
I confirm that the operator and I have checked that there is no loose metal about my person immediately before entering the scanner.				Participant signature: _____		