



Participant ID: R	Surname:	Forename:	Date of Birth:	Height:	Weight:	Phone No:
Address			GP Address			
Verified			Verified			

If you, or your GP, 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. If you do not want to answer any question(s) on this form you are free to withdraw from this scanning session without any prejudice.

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

Safety

	Participants Answers		YNIC STAFF USE ONLY Approval for individuals with contraindications	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			Yes	No
Do you have a cardiac (heart) pacemaker or pacing wires?			NEVER SCAN	Safety		
Have you ever had any operations on your heart, head or spine? <i>If yes please give details</i>						
Do you have or have ever had a spinal or other neuro stimulator						
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>			NEVER SCAN			
Do you have a programmable hydrocephalus shunt?			NEVER SCAN			
Do you have a cochlear (ear) implant?			NEVER SCAN	Consent		
Do you have a fixed dental brace?						
Have you any surgery in the last 3 months?						
Have you, at any time, had an injury to your eye involving metal fragments?						
If YES Did you see a doctor or get medical advice?						
If YES, did the doctor tell you that everything had been removed?				Signatures		
Do you have any shrapnel in your body?						
Are you currently wearing any jewellery? – e.g. piercings, watches, bracelets, necklaces, hair clips, rings			WARN ABOUT HEATING			
Do you have any tattoos?						
Do you have any medicinal patches? Including nicotine, hormone						
Are you a close relative of any of the investigators, i.e. Spouse, sibling, parent, grandparent, child or grandchild?						
Do you have epilepsy? Have you ever had a fit or seizure?						
Complete the section below only after completion of final metal screening:						
I confirm that I have checked that there is no metal about my person immediately before entering the scanner.				Participant signature:		

Signatures

Only sign if you are in no doubt about the participant's suitability for MRI

Project ID: -	Date
Participant	
Guardian (if under 18 years old)	
Approved operator A	
Approved operator B	