

MRI Safety Questionnaire and Consent for Patients

The MRI Scanner uses a powerful magnetic field so we need to make sure you are safe to enter the scanner. Please remove all loose metal objects before your scan e.g. keys, coins, hair grips etc. Please do not take in any credit cards, mobile phones or pagers as these may be damaged by the magnetic field.

Surname	First Name	Date of Birth	Weight: (approx)	Height: (approx)	GP Address/Post code
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By signing this safety questionnaire I confirm that I have read and understood the questions below. I am consenting to having an MRI scan. I am consenting to the data being shared for the purposes of obtaining a medical report. I consent to the medical report being shared with my GP if appropriate.

Please answer the following questions accurately by ticking the appropriate box. The member of staff who prepares you for your scan will answer any queries.	Patients Answers		Radiographer verified		Please answer the following questions accurately by ticking the appropriate box. The member of staff who prepares you for your scan will answer any queries.	Patients Answers		Radiographer verified	
	Yes	No	Yes	Init		Yes	No	Yes	Init
You cannot have an MRI scan if any of the following apply:					We will require further information if any of the following apply:				
I have or have had a Cardiac pacemaker, pacing wires or coronary artery sten(s)					I have an intrauterine contraceptive device (IUCD)				
I have Aneurysm clips (Brain Haemorrhage)					I have epilepsy, fits or blackouts				
I have a Programmable Hydrocephalus shunt					You will need to remove all metallic objects prior to your scan. This includes				
I have a Cochlear Implant					Jewellery				
I have or have had implanted electrodes or neurological stimulators					Hearing aid(s)				
I am Pregnant					Metal dentures				
I have had an operation within the last 12 weeks					Piercings				
We will require further information if any of the following apply:					Metallic skin patches (HRT, Nicotine etc.)				
I had an injury to my eyes involving metal fragments					Artificial Limbs or Callipers				
<i>If YES Did you receive medical attention?</i>					Do you have any tattoos?				
<i>If YES Were you told all fragments were removed?</i>									
I have had surgery on my eyes, ears, head, heart or spine.					Have you previously had an MRI scan at this centre				
<i>If YES please provide as much detail as possible.</i>					May we provide the CQC with your contact details?				
I have a prosthesis or implant (Joint replacements, breast / penile implant etc).					I consent to my anonymised images being used for secondary purposes e.g. Publication/teaching				
Date	Signature (Patient)				Date	Signature (Radiographer)			