MRI Safety Screening Questionnaire 

The MRI suite has a very powerful magnetic field that may be hazardous to those with metallic, electronic, magnetic or mechanical implants or devices. **All individuals are required to fill out this form BEFORE entering the MRI Suite.** If you answer **YES** to any question, please ring us on 01482 770190 before your appointment

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| --- | --- |
| **Name:** | **Date of Birth:** |
| **Address:** | **Tel No:** |

**Please answer the following questions carefully and explain any marked ‘yes’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate if you have any of the following:** | **YES** | **NO** | **If yes please explain** |
| Cardiac Pacemaker, pacing wires or defibrillator |  |  |  |
| Aneurysm clip (metal clips put around blood vessels during surgery) |  |  |  |
| Electrical Stimulator for nerves, bone or brain |  |  |  |
| Ear or Eye implants e.g. cochlear implants |  |  |  |
| Implanted insulin, drug or infusion pump |  |  |  |
| Coil, stent, catheter or filter in any blood vessel |  |  |  |
| Orthopaedic hardware e.g. artificial joints, metal plates, screws |  |  |  |
| Any other type of prosthesis or implant? |  |  |  |
| Gun pellets, shrapnel, bullets or metal fragments |  |  |  |
| Any surgery or an operation? |  |  |  |

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| Have you had an MRI scan before? |  |  |  |
| Are you claustrophobic? |  |  |  |
| Have you ever been a welder, machinist, grinder or worked with  metal without eye protection? |  |  |  |
| Do you suffer from any medical condition that may be relevant  e.g. (epilepsy, diabetes, asthma) |  |  |  |
| Do you have any tattoos or unremovable body piercings? |  |  |  |
| Do you wear dentures, a dental plate or a brace (not fillings) |  |  |  |
| Do you have any trans-dermal skin patches? |  |  |  |
| (Females only) Are you or could you be pregnant? |  |  |  |
| Please state your weight (kg) |  | | |

* I confirm that the above information is accurate to the best of my knowledge.
* I will remove all metal including mobile phones, keys, watches, coins, credit cards, body piercing, jewelry, false teeth, hearing aids etc before entering the MRI suite
* I acknowledge that Real Imaging Ltd has taken reasonable precautions to screen for potential difficulties and is not liable for any event that might result from incorrect answers to the above and I consent to having the MRI examination done.

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| **Signature:** | **Date:** |
| **This form has been verified by: (Staff use only)**  **Print Name: Signature:** | **Date:** |