

MRI uses a strong magnetic field and radiofrequency energy to create pictures of the inside of your body. Some implants, clothing and objects may be hazardous to you and / or interfere with the scan. Please answer the following questions carefully. A MRI operator will go through the form with you, so you will have the opportunity to ask about anything you are unsure of. **The form is on two sides.**

First Name:	Last Name:	
1 <sup>st</sup> Line of Address:		
Date of Birth:	Weight:	Height:
GP name and contact information (email, phone)		
Mother's first name:	Mother's maiden name:	

Have you had an MRI scan before?	Yes / No
Have you had any operations in the last two months? - If yes, what was the operation?	Yes / No
Have you <b>ever</b> had any operations to your head? - Do you have an aneurysm clip? - Do you have a programmable hydrocephalus shunt?	Yes / No Yes / No Yes / No
Have you <b>ever</b> had any operations to your eyes? - Do you have a false eye? Retinal tacks? Other eye implant?	Yes / No Yes / No
Have you <b>ever</b> had any operations to your ears? - Do you have a cochlear implant? Auditory brainstem implant? Other ear implant?	Yes / No Yes / No
Have you <b>ever</b> had any operations to your heart? - Do you have a pacemaker? - Do you have, or have <b>ever</b> had, pacing wires? - Do you have a loop recorder or other cardiac implant?	Yes / No Yes / No Yes / No Yes / No
Do you have anything else implanted in you that you can't completely remove e.g. pain infusion pumps, neuro-stimulators, joint replacements, heart valves, stents, vascular filter, spinal rods or metalwork, tissue expanders, gastric bands etc?	Yes / No
Have you ever swallowed anything that contains metal or electronic / magnetic components, such as a 'PillCam' or other foreign object?	Yes / No
Have you <b>ever</b> had an accident or injury where a piece of metal has gone into your eyes?	Yes / No
Have you <b>ever</b> had an accident or injury where a piece of metal has gone into your body e.g. shrapnel / bullets?	Yes / No
Are you wearing a fentanyl drugs patch?	Yes / No
Are you wearing any dressings or patches that have foil rims or contain silver, or ECG dots?	Yes / No
Are you wearing any clothing that contains silver (e.g. antibacterial sports clothing)?	Yes / No

PLEASE TURN OVER

Do you have any tattoos or piercings that you cannot remove?	Yes / No
Is there any possibility that you may be pregnant?	Yes / No
Are you having regular periods?	Yes / No
When did your most recent period start?	
I understand that I must remove all metallic and electronic items before going into the magnet room. This includes watches, jewellery, dentures, wallets, coins, keys, bank cards, mobile phones, hair grips, hair pieces with metallic mesh / fastenings, pen-knives etc.	Yes / No
I understand that I may be asked to change into a hospital gown if my clothing contains silver fibres or metallic threads / fastenings.	Yes / No
I understand that I may be asked to remove eye make-up if having my head scanned.	Yes / No
I would like a staff member to chaperone me during the set up for my MRI scan.	Yes / No

Do you have a **fever** or **temperature** at present?

I CONFIRM THAT I HAVE READ AND COMPLETED THIS FORM AND THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND I AM WILLING TO UNDERGO THE MRI PROCEDURE. **Is there anything else you think we should know?** Please write below:

Volunteer signature:	Date:
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**Department use only.**

Signature of MR operator undertaking safety check:	
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**Pre-scan pause check:**

- Correct ID:
- Correct anatomy and orientation selected:
- Hearing protection applied:
- Buzzer (or alternative) provided:
- Confirm intercom is working:

Time installed in the scanner:
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**Pause check completed by:**

**Scanning radiographer (if different):**