

CISC MRI Safety Questionnaire

Name	Date of Birth dd.mm.yyyy	Weight (kg)	Contact Number	Office Use Only CISC Number
Address		Height	Name & Address of GP	

****The MRI scanner uses a powerful magnetic field – we need to ensure that you are safe to enter the scanning room and don't have metal attached to you that can cause artifacts or heating effects.****

Before arriving for your scan:

REMOVE the following: ALL body piercings & loose metal objects including jewellery, mobile phones, watches, keys, coins, hairclips/grips/extensions, hearing aids, belts, removable metal dental work

Please do not wear make-up (particularly mascara) or you may need to remove it.

**If necessary, change into the scrubs provided.*

Do you have / ever had any of the following? If yes please include details and dates:			
	No	Yes	Details / Dates
Cardiac pacemaker/defibrillator?			
Heart surgery / valve replacement?			
Stents in any blood vessels?			
Head surgery including that to the eyes or ears (e.g. clips / coils / shunts / cochlear implants)?			
Surgery in the past 6 weeks (including dental implants)? Provide details.			
Any other surgery (e.g. pins / plates / screws in any bones / joint replacements)?			
Camera capsule endoscopy (PillCam) within the past 2 weeks or Bravo pH monitoring procedure?			
Neurological stimulator or any other implanted electronic medical device (e.g. insulin pump)?			
Implanted contraceptive IUS/IUD (e.g. Mirena or copper coil)? Please provide make / model – not all coils are safe for MRI!			
Epilepsy?			
Skin patches? (e.g. HRT, nicotine, pain relief, contraceptive)			
Tattoos or permanent eye makeup? (If yes, where? Read & Sign overleaf)			
Have you EVER had metal fragments in your eyes or under your skin (e.g. from a car accident / shrapnel / welding / grinding / metal sheet worker)?			
Have you had a previous MRI scan? If yes, please indicate at CISC or elsewhere.			
Have you removed ALL loose metal from your person (see list above) as well as ALL 'smart' devices ?			
Is there any chance you could be pregnant?			

I confirm that I have answered and understood the above questions and that the information I have provided is correct to the best of my knowledge:

Patient / Participant Signature	Date:	Radiographer Signature	Date:
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Consent for MRI Scanning of research volunteer with a tattoo

I confirm that I have had the risks associated with having an MRI scan with a tattoo explained to me by the researcher.

I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Name of Participant

Date

Signature

Researcher

Date

Signature

Name of Person taking consent (if different from the researcher)

Date

Signature