Spectrum medical imaging

Patient Label

MRI Safety Questionnaire

Patient Name: _____ Date Of Birth: _____Age: _____

Height: _____cm Weight: _____kg Gender: Male / Female

MRI uses a strong magnetic field (no radiation). These questions are asked for your safety. Your answers will help us decide if there is anything in your body that might make it unsafe for you to have the MRI. Please read & answer the questions accurately and carefully. Please ask our staff if there is anything you do not understand

Please tick Yes or No to each question below:	**Yes**	**No**
Do you have a pacemaker / defibrillator?	☐	☐
Do you have a neurostimulator?	☐	☐
Do you have a cochlear implant or stapes implant?	☐	☐
Do you have an aneurysm clip / coil / stents?	☐	☐
Have you ever had eye surgery?	☐	☐
Have you ever had ear surgery?	☐	☐
Have you ever had heart surgery?	☐	☐
Do you have any metallic implants?	☐	☐
If yes, what type?		
Have you been shot or had a shrapnel / bullet injury?	☐	☐
Have you ever worked with metal?	☐	☐
Have you ever had metal in your eye?	☐	☐
Have you had an MRI in the last twelve months?	☐	☐
If yes, when & where?		
Do you suffer from claustrophobia?	☐	☐
Have you ever had kidney problems?	☐	☐
Do you have any allergies? (eg pollen, iodine, penicillin, peanuts, etc)	☐	☐
If yes, please list:		
Do you wear dentures or have dental implants?	☐	☐
Do you wear hearing aids?	☐	☐
Have you had any surgery?	☐	☐
If yes, please list all previous surgeries on your body:		
Do you have any medical conditions? (eg epilepsy, myeloma, etc)	☐	☐
If yes, what are they?		
Female Patients		
Are you pregnant or is there any chance you may be pregnant?	☐	☐
Are you currently breastfeeding?	☐	☐
Are you using an intrauterine contraceptive device?	☐	☐
Do you have a breast tissue expander (post mastectomy)?	☐	☐

Contrast Injection

As part of the examination today, we may need to give an injection of contrast medium (dye). Gadolinium contrast is used in MRI to help visualise certain anomalies and is injected via an intravenous (IV) cannula. Adverse reactions are extremely rare with this type of contrast but, as with all medical procedures, a minimal risk still exists. If you have any further questions, please direct them to the radiographer who is performing your examination.

I consent to the administration of contrast if it is required for the examination	☐ Yes	☐ No
The risks and benefits of the injection has been explained to me by the Radiographer	☐ Yes	☐ No
I have informed the Radiographer of any allergies and medical conditions I have	☐ Yes	☐ No
I have been given an opportunity to ask questions I might have regarding this procedure	☐ Yes	☐ No
The nature, effect & risks of the procedure have been explained to me by the Radiographer	☐ Yes	☐ No
I attest that all the information on the MRI Safety Questionnaire is correct and to the best of my knowledge	☐ Yes	☐ No
I have read and understood the contents (nature and preparation) of this form	☐ Yes	☐ No

_____	_____
Patient / Guardian Signature	Radiographers Signature
_____	_____
Patient / Guardian Name (please print)	Radiographers Name (please print)
_____	_____
Date	Date

Before you are taken through for your scan, please start removing all jewellery & metal items from your pockets. You will be able to put these items in a locker before your scan. Thank you

Emergency Contact

As a duty of care to you as our patient, we want to ensure that during the course of your stay with us that we offer you the best care possible. In the event a medical event occurs, we would ask that you please provide us with a contact person, their contact phone number and the relationship the contact is to you whom the consulting Radiologist can contact if required.

Contact Name: _____ Phone Number: _____

Relationship To You: _____

Office Use:

Tech Notes: _____

_____

Contrast Administered: _____ ml By (Tech Name): _____

Interpreter Required: Yes No Interpreter Name: _____

Form Checked: Yes No By (Tech Initials): _____ Date: _____

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