Mater Misericordiae University Hospital

PATIENT SAFETY QUESTIONNAIRE AND MRI CONSENT FORM

Magnetic **R**esonance **I**maging is a way of looking inside the body using radio waves, a large magnet and a computer. There are no X-rays involved. As this is a very large magnet, it is very important that you complete this questionnaire carefully. This will let the Radiographer know of any metal on or in your body, which may be a danger to you, or someone else, when entering the scanning room.

PLEASE ANSWER THE FOLLOWING QUESTIONS	**YES**	**NO**
Q1: Do you have a cardiac pacemaker or surgery on your heart?		
Q2: Have you ever had any surgery to your head or back?		
Q3: Do you have any eye, ear or breast implants?		
Q4: Have you had any metal fragments in your eyes, or have you ever		
Q5: Do you have, or have you had any metal fragments in any other part		
Q6: Could you be claustrophobic?		
Q7: Do you suffer with epilepsy?		
Q8: Do you suffer with diabetes or renal dysfunction?		
Q9: Do you suffer from any allergies?		
Q10: Could you be pregnant or are you breast -feeding?		
Q11: Have you had a previous MRI scan?		

Please tick which of the following items apply to you :

	Aortic or vascular or aneurysm clips		Implanted drug pump
	Artificial heart valve		Neurostimulators
	Artificial eye or limb		Permanent cosmetic eye lining or tatoos
	Bone or joint replacement		Penile Implant
	Metal rods, plates or pins		Wire mesh, wire sutures or staples
	Dentures or partial plates		Implanted cardiac defibrillator
	Carotid clips		Any type of coil, filter or stent
	Cochlear or ear Implants		Eyelid spring
	Electronic monitoring device		Medication patch
	Harrington rods		IV access port
	Hearing aids		Shunt
	Body Piercing		Other implanted item in body

I have read, understood and completed to the best of my knowledge the questions on this consent form and agree to be imaged

Patient Signature_____ **Weight (kg)** _____ **Date** _____

Radiographer _____