

Name _____

Name of the patient you are accompanying _____

The MRI scanner is a very strong magnet which can adversely affect certain metals or implanted devices. Even being in the same room you will be subjected to the magnetic field. Although this in itself poses no known health risks, it is necessary to screen you for any potential hazardous items that may be in, or on your body.

Please answer the following questions carefully to ensure your safety.

The MRI technologist will answer any queries prior to you entering the scan room.

Please circle your response and answer all questions on this page.

Have you had an MRI scan before? _____ YES NO

If YES, where? _____ Which body part? _____

Have you **EVER** had surgery on your heart? _____ YES NO

Do you have, or have you **EVER** had a Cardiac Pacemaker/Defibrillator? _____ YES NO

Have you **EVER** had surgery on your brain, ears or eyes? _____ YES NO

Do you have any Metallic Implants? *eg. Aneurysm clip (brain), Stapedectomy (ears), Vascular stent (eg. AAA, coronary, renal), Metal clips, Screws, Rods, or Joints* _____ YES NO

Do you have any Electronic Implants? *eg. Cochlear implant, Neurostimulator, Pacing wires/electrodes, Morphine/Insulin pump* _____ YES NO

Do you grind, weld, or cut metal? _____ YES NO

Have you **EVER** had a metallic foreign body in your eye? _____ YES NO

Do you wear a hearing aid? _____ YES NO

Do you have removable dentures/dental plates? _____ YES NO

Do you wear a wig or have hair extensions? _____ YES NO

Are you currently using any medicated skin patches? _____ YES NO

Are you pregnant or currently breastfeeding? _____ YES NO

Your signature _____ **Date** _____

MRI Tech (name) _____ **Date** _____

