

MRI Safety Screening Questionnaire



The MRI suite has a very powerful magnetic field that may be hazardous to those with metallic, electronic, magnetic or mechanical implants or devices. **All individuals are required to fill out this form BEFORE entering the MRI Suite.** Your answers will be kept strictly confidential.

Name:	Date of Birth:
Email Address:	Tel No:

Please answer the following questions carefully and explain any marked 'yes'

Section A – To be completed by ANYONE entering the MRI suite

Please indicate if you have any of the following:	YES	NO	If yes please explain
Cardiac Pacemaker, pacing wires or defibrillator			
Aneurysm clip (metal clips put around blood vessels during surgery)			
Electrical Stimulator for nerves, bone or brain			
Ear or Eye implants e.g. cochlear implants			
Implanted insulin, drug or infusion pump			
Coil, stent, catheter or filter in any blood vessel			
Orthopaedic hardware e.g. artificial joints, metal plates, screws			
Any other type of prosthesis or implant?			
Gun pellets, shrapnel, bullets or metal fragments			
Any surgery or an operation?			

Section B – Complete ONLY if you are being scanned or intend to go inside scanner room.

Please answer the following questions carefully	YES	NO	Staff Notes
Have you had an MRI scan before?			
Are you claustrophobic?			
Have you ever been a welder, machinist, grinder or worked with metal without eye protection?			
Do you suffer from any medical condition that may be relevant e.g. (epilepsy, diabetes, asthma)			
Do you have any tattoos or body piercings (other than earrings)?			
Do you wear dentures, a dental plate or a brace (not fillings)			
Do you have any trans-dermal skin patches?			
(Females only) Are you or could you be pregnant?			
Please state your weight (kg)			

- I confirm that the above information is accurate to the best of my knowledge.
- I will remove all metal including mobile phones, keys, watches, coins, credit cards, body piercing, jewellery, false teeth, hearing aids etc before entering the MRI suite (lockers available in waiting room)
- I acknowledge that BUIC has taken reasonable precautions to screen for potential difficulties and is not liable for any event that might result from incorrect answers to the above.
- (*Volunteers and patients only*) I have read and understood this form and the information sheet and have had the opportunity to ask questions regarding the contents and the MRI procedure that I am about to undergo.

Signature:	Date:
This form has been verified by: (Staff use only)	
Print Name:	Signature:
	Date: