

## MRI Patient Safety Questionnaire

If you have any queries please e-mail: [mrissafety@fortiusclinic.com](mailto:mrissafety@fortiusclinic.com)

{Affix Patient Label Here}	Patient Name			
	Date of Birth			
	Weight			
	Height			

Please bring this form and your request form/letter to your appointment. For any surgical implants please provide make and model number of the implant below.	Yes	No
Have you ever had an MRI scan before?	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the below questions carefully, some medical implants/ conditions can interfere with your health during the MRI. If you answer YES to any of the following, please contact <a href="mailto:cityradiographer@fortiusclinic.com">cityradiographer@fortiusclinic.com</a> as you MAY NOT be able to have an MRI.	Yes	No
Do you have a pacemaker? <i>We cannot scan any pacemakers including MRI conditional</i>		
Have you ever had surgery to your heart? <i>If so please list eg. Stents / heart valve replacement / PFO closure etc</i>		
Have you ever had surgery to the head/brain? <i>If so please list</i>		
Have you ever had surgery to your eyes/ears? <i>If so please list</i>		
Do you have a Cochlear implant? <i>Implanted hearing aid</i>		
Do you wear hearing aids? <i>These need to be removed for the scan</i>		
Have you ever had any electronic/mechanical/magnetic implants? <i>Eg. Neurostimulators / cardiac loop recorders / insulin pumps etc</i>		
Have you ever had any metal fragments/slivers in your eye (or any other part of your body) from an accident or injury? <i>Eg. Accidents / welding / grinding etc / bullets/shrapnel</i>		
Have you ever undergone a capsule endoscopy where you ingested a small capsule/camera? <i>You will not be able to have your MRI if the capsule may still be inside your body.</i>		
Could you be pregnant? <i>We cannot scan during the 1st trimester</i> <i>If yes when was your L.M.P?</i>		

If you answer YES to any of the following we need to know the details but you will usually be able to proceed with your scan <i>For any surgical implants please provide make and model number of the implant.</i>	Yes	No
Have you ever had surgery involving metal implants/clips/plates? <i>Eg. Joint replacement / stent / mesh etc</i>		
Do you have anything else implanted under the skin?		
Have you ever had any surgery to your spine? <i>If so please list</i>		
Do you wear a caliper or have an artificial limb?		
Are you currently wearing any drug skin patches?		
Do you have any permanent eye make-up/tattoos/body piercings?		
Do you have any allergies? <i>If so please list</i>		
Is there anything else you think we should know in relation to your MRI scan? <i>E.g. Health conditions, suffer from epilepsy or fits, trouble lying flat etc.</i>		
Prior to your MRI you will need to remove all metallic objects, including coins, jewellery, wallets, bank cards, belts, body piercings and may need to get changed into a patient gown. Will you remove all metallic objects?		

I confirm that I have been asked the above questions and the information is correct to the best of my knowledge.

Signature of Patient		Date	
Signature of Radiographer		Date	