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Description automatically generatedMRI Safety Questionnaire

{Affix Patient Label Here}

Patient name

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| **Please answer ALL questions below.**  Some medical implants or conditions can interfere with your health during an MRI therefore it is incredibly important you read the following questions carefully. If you answer yes to questions 2-12 we need further details before proceeding. Please email all information to [mrisafety@fortiusclinic.com](mailto:mrisafety@fortiusclinic.com) or let reception know as soon as possible, failure to do so could delay your scan. For all surgical implants please provide make and model numbers if applicable. Any questions or concerns please email [mrisafety@fortiusclinic.com](mailto:mrisafety@fortiusclinic.com) or speak to your radiographer.  **Space overleaf for additional information.** |

DOB Height Weight

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| --- | --- | --- | --- | --- | --- |
|  | Please tick Yes (If applicable) or NO (If not applicable) | | Yes | No | Further details |
| 1 | Have you ever had an MRI before? | |  |  |  |
| 2 | Do you have, or have you EVER had a Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) or any other implanted cardiac device/implant? ***Please note we can NOT scan any pacemakers even MRI conditional at Fortius.*** | |  |  |  |
| 3 | Have you ever had surgery to your heart?  ***If so please list eg. Stents / heart valve replacement / PFO closure etc*** | |  |  |  |
| 4 | Do you have, or have you ever had any electronic/mechanical/magnetic implants? *Eg. Neurostimulators / cardiac loop recorders / insulin pumps etc.* ***Please note we can NOT scan Neurostimulators at Fortius.*** | |  |  |  |
| 5 | Have you ever had surgery to the head/brain or spine?***E.g. shunt, aneurysm clips, stents*** | |  |  |  |
| 6 | Have you ever had any surgery to your eyes or ears, or do you have any implants such as a cochlear implant? | |  |  |  |
| 7 | Have you ever had any metal fragments/slivers in your eye (or any other part of your body) from an accident or injury? ***E.g. Accidents/welding/bullets/shrapnel*** | |  |  |  |
| 8 | Have you ever had any operations/procedures involving the use of metal plates, pins, clips, coils, stents, gastric bands, mesh or breast tissue expanders? | |  |  |  |
| 9 | Do you have anything else implanted under the skin? | |  |  |  |
| 10 | Have you ever undergone a capsule endoscopy where you ingested a small camera? ***You won’t be able to have your MRI if the capsule may still be inside you.*** | |  |  |  |
| 11 | Have you had any medical procedures in the last 6 weeks? | |  |  |  |
| 12 | Could you be pregnant? ***You cannot have an MRI in your 1st trimester.*** | |  |  |  |
| 13 | Do you wear hearing aids? ***These need to be removed for your scan.*** | |  |  |  |
| 14 | Do you wear a caliper or have an artificial limb? | |  |  |  |
| 15 | Do you wear drugs skin patches, or have any permanent make-up, tattoos or body piercings? | |  |  |  |
| 16 | Do you have any allergies? | |  |  |  |
| 17 | Is there anything else you think we should know in relation to your MRI scan?  *E.g. Health conditions, suffer from epilepsy or fits, trouble lying flat etc.* | |  |  |  |
| 18 | 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. Are you happy to do the this? | |  |  |  |
|  | **I take full responsibility for the information given and confirm that it is correct to the best of my knowledge.** | | | | |
|  | Patient signature | MRI authorized person Signature | Date | | |
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| Please provide any additional relevant details below. |
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