



## MAGNETIC RESONANCE IMAGING (MRI) - SAFETY QUESTIONNAIRE FORM

MRI uses radio waves and magnetic fields to produce high quality images of the body not seen with other tests. It has **no** known side effects. There are no **x-rays** involved.

When this machine operates, a loud 'banging' noise will be heard. Ear protection is provided for you. You will have to remain still for the duration of the scan.

**Because METAL OBJECTS cannot be brought near the large magnet we ask you to complete this safety questionnaire carefully and remove all loose metal objects before you enter the scan room.**

ALL PATIENTS	YES	NO
1. Do you have a Cardiac Pacemaker?		
2. Have you ever had Surgery to your Heart?		
3. Have you ever had Surgery to your Head?		
4. Do you have any eye or ear Implants?		
5. Have you ever had any METAL fragments in your eyes or have you ever worked with METAL?		
6. Do you have or have you had any METAL fragments In any other parts of your body e.g. shrapnel or body piercing		
7. Do you wear dentures, contact lenses or a hearing aid?		
8. Are you wearing any skin patches?		
9. Do you suffer from epilepsy, diabetes or asthma?		

**Please provide details of any surgery you have undergone:**

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FEMALE PATIENTS ONLY	YES	NO
1. Do you have an intrauterine device (IUD)		
2. Could you be pregnant or are you breast-feeding?		

**I have read, understood and completed to the best of my knowledge the questions on this consent form. I hereby consent to undergo MRI at MPIC and for the injection of contrast media should this be necessary.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Checked by: \_\_\_\_\_