

SAFETY SCREENING FORM FOR MRI PROCEDURES

Please bring completed form to your appointment

Full legal Name: _____

Date of Birth: _____ Height _____ Weight _____ Female Male

Which part of your body are you having scanned today? _____

Please describe any symptoms or pain in the region to be scanned: _____

If this is as a result of an injury, briefly describe how it occurred: _____

Have you ever had an MRI examination before? YES NO

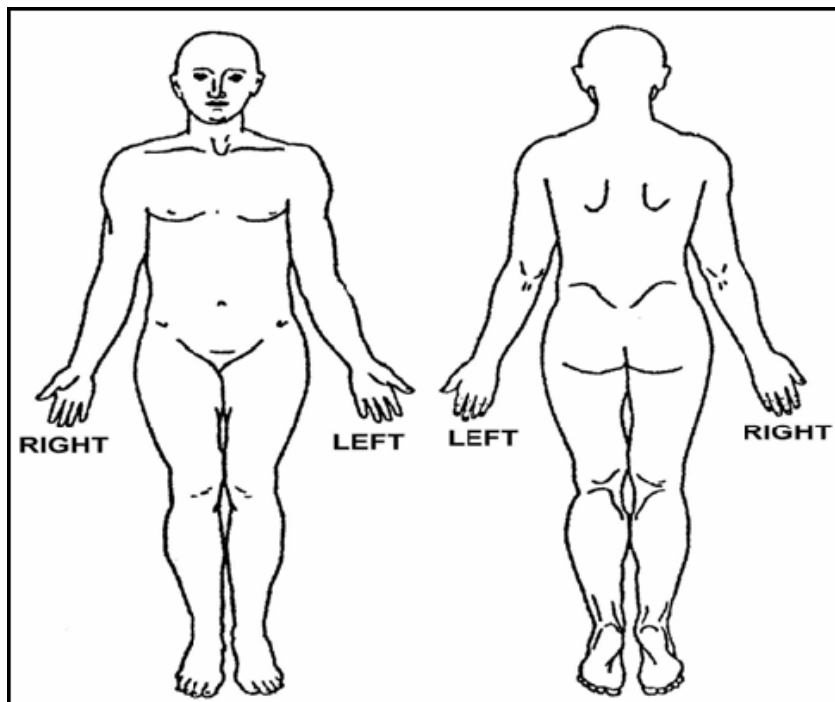
Date: _____ Place: _____

Are you claustrophobic? NO A LITTLE SOMEWHAT

MRI examinations use a very strong magnetic field. The questions are for your safety and to produce the best quality images. Please answer these important questions carefully. If you have any questions, please ask the MRI staff.

Have you EVER had a **surgical operation** or **procedure** of any kind? YES NO

Please mark on the **drawing** the site of any **surgical operation**, including date of the procedure.



Have you ever had an injury from a metal object in your **eye** (metal slivers, metal shavings, metal fragments, other metallic objects)? YES NO

Did you seek medical attention? YES NO

Very Important: If you have answered YES, please contact MRI immediately to discuss this (09) 523 7054.

Have you ever had metal go into your body accidentally eg shrapnel, needle? YES NO



MR Hazard Checklist

The following items may be harmful to you during your MR scan or may interfere with the MR examination. Please answer YES or NO if you currently have any of the items listed below:

- YES NO Cardiac Pacemaker
 YES NO Cardiac Stent
 YES NO Brain Aneurysm Clip
 YES NO Implantable Cardiac Defibrillator
 YES NO Neurostimulator (deep brain stimulator)
 YES NO Biostimulator
 YES NO Ventricular Brain Shunt
 YES NO Artificial Heart Valve. Type: _____
 YES NO Reveal LINQ™ Insertable **Cardiac** Monitoring System
 YES NO Cochlear Implant or Non-removable hearing aid
 YES NO Implanted drug pump (e.g., insulin, chemotherapy, pain medicine)
 YES NO Spinal fixation device/Spinal fusion procedure/**MAGEC** Grow Rods
 YES NO **FreeStyle Libre Flash** Glucose Monitoring System
 YES NO Any type of ear implant e.g. stapes
 YES NO Penile implant
 YES NO Artificial eye, Eyelid spring
 YES NO Any type of coil or filter in a blood vessel e.g. vena cava filter
 YES NO Any long-term IV access port (e.g., Port-a-Cath, Hickman, PICC line)
 YES NO Nicotine patch or other medicine patches
 YES NO Artificial limb or joint: What type and where _____
 YES NO Tissue expander, breast tissue expander or prosthesis Type: _____
 YES NO Pins, rods, screws, nails, plates, wires, internal electrodes, mesh, staples/clips
 YES NO Any other type of implanted item Type: _____
 YES NO Removable dentures, false teeth, or partial plate
 YES NO Wig/hair implants/clip-in hair extensions
 YES NO Tattoos or tattooed eyeliner, lipliner
 YES NO Non-removable body piercings or jewellery: Location _____
 YES NO Hearing aid, Invisible hearing aid (e.g. Lyric, SoundLens, Virto)

Are you currently on an Electronically Monitored Sentence device? This MUST be removed before we can proceed with your MRI scan. Please arrange this with your probation officer.

Female Patients: Are you pregnant or suspect you may be pregnant? YES NO

If you answer **Yes**, please contact us urgently to discuss the safety of performing a MRI scan

Are you breast feeding? YES NO

Date of last menstrual period _____/Post-menopausal?

Instructions for the Patient

1. You will be provided with ear plugs and headphones that we supply for use during your MRI examination as the noise levels may affect your hearing.
2. Remove all jewellery and body piercings (e.g. necklaces, pins, rings) beforehand.
3. Remove all hair pins, bobby pins, barrettes, clips, etc.
4. Remove all dentures, false teeth, partial dental plates, **hearing aids** and eyeglasses
5. Remove your watch, cell phone and all cards with a magnetic strip.
6. Use gown provided and **remove all clothing** including brassieres. Underclothing like cotton singlets, knickers and boxers can be left on. **THERMALS** cannot be left on.



Consent for MRI

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Signature _____ Date _____

Consent for Contrast

It may be necessary to give you an injection of a contrast medium called **Gadolinium** to complete your MRI scan. The contrast medium provides the Radiologist with additional information used for the diagnosis. Gadolinium is a safe drug and adverse reactions are rare, unless in very special circumstances.

Do you suffer from any kidney disease or diabetes? **YES** **NO**

Have you ever received a contrast agent or X-ray dye used for MRI, CT, or other X-ray or study? **YES** **NO**

Have you ever had an allergic reaction to X-ray dye, Iodine contrast agent or magnetic resonance imaging (MRI) contrast agent? **YES** **NO**

If yes, please describe _____

Patient signature _____ Date _____

Consent for sedation

Must be arranged 24 hours prior to appointment – contact MRI on 09 523 7054 extension 1

If you are claustrophobic, it may be necessary to give you an oral sedative called Lorazepam. If you take this sedative, you acknowledge that you may not drive a motor vehicle, nor operate machinery or potentially dangerous appliances, drink alcohol or make important decisions for 24 hours after having this sedative.

You need to have a support person with you for the entire duration of your MRI appointment.

You must eat breakfast 4 hours before your appointment to prevent you feeling nauseous.

If you are diabetic please contact MRI on (09) 523 7054

Do you have any drug allergies? **YES** **NO**

If yes, please list drugs _____

Patient signature _____ Date _____

For MRI Office Use Only

Radiographer signature _____ Date _____