fraser coast RADIOLOGY

INFORMATION SHEET - SAFETY QUESTIONAIRE FOR MRI

PATIENT DETAILS

Surname:_________________________________ Date of Birth:________________________________

Given Names:_____________________________ Approximate Weight:__________________(kgs)

Please remove all jewellery and piercings BEFORE arriving for your scan.
Please bring all previous MRI scans if NOT performed at Fraser Coast Radiology.

Have you had an MRI previously? **Yes** **No**

Do you suffer from claustrophobia? **Yes** **No**

Are you able to walk a short distance unassisted? **Yes** **No**

If no, indicate requirements Wheel Chair Walker Bed/Trolley

HAVE YOU EVER HAD:

A Cardiac Pacemaker now or in the past? **Yes** **No**

Any surgery to your heart? **Yes** **No**

If yes, please give details: ____

____

Surgery to your Head, Spine or Torso? **Yes** **No**

If yes, please give details: ____

____

Any operations involving the use of Metal Implants, Plates, Clips, Coils, Stents **Yes** **No**
or Valves? If yes, please give details:____

____

Any type of Electronic, Mechanical or Magnetic Implant? **Yes** **No**

If yes, please give details: ____

Any Metal Fragments in your eyes? **Yes** **No**

If yes, were they removed by a professional, i.e. a Doctor Optician: **Yes** **No**

Do you have any metal fragments/shrapnel (NON MEDICAL) anywhere in the body? **Yes** **No**

If yes, please give details: ____

Any Surgery in any part of your body in the past 2 months? **Yes** **No**

Do you have an Infectious Condition? **Yes** **No**

Do you have a history of renal (kidney) disease? **Yes** **No**

Do you have any history of cancer? **Yes** **No**

If yes, what body part: ____

FEMALE PATIENTS:

Could you be pregnant? **Yes** **No**

Are you Breast-Feeding? **Yes** **No**

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Have you had any previous surgery on the part of the body we are scanning today? **Yes** **No**

DATE	TYPE OF SURGERY	NAME OF SURGEON

I confirm that I have been asked the above questions and the information is correct to the best of my knowledge. I consent to the examination and the injection of contrast media if required.

____

Signature of Patient:

To be signed when you arrive for your appointment

____

Signature of MRI Technologist: