

INFORMATION SHEET - SAFETY QUESTIONNAIRE 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 Circle most appropriate 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**

INFORMATION SHEET - SAFETY QUESTIONNAIRE FOR MRI

You have been referred for an examination that may involve an injection of contrast media (gadolinium). During the injection most people have no sensations. It is possible that you could react to the contrast media however this is rare. Reactions can range from mild (such as a slight rash) to more severe (such as asthma) and in extremely rare cases, failure of circulation. If it is necessary for you to have the contrast, the staff will discuss it with you.

Have you ever had an injection of MRI Contrast (gadolinium)? **Yes** **No**

If Yes, were there any side effects? Please list:

Do you have any allergies? **Yes** **No**

If Yes, please list:

I consent to having the contrast media (gadolinium), if necessary. **Yes** **No**

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:

Signature of MRI Technologist: