



MRI SAFETY QUESTIONNAIRE

The MRI scanner is dependant on a strong magnetic field and radio waves to produce images of the body. Some metallic/mechanical implants are contra-indicated for MRI scanning. To ensure complete safety for anyone undergoing an MRI investigation the following safety questionnaire must be completed in full by all patients and accompanying relative / friend before entry to the scanning room

PATIENT'S NAME: _____ Centre: London Leeds (tick)

	YES	NO
Have you had an MRI scan before? If yes, WHERE: _____ DATE: _____		
Do you have a heart pacemaker?		
Have you had any surgery to your heart such as heart valves or stents?		
Have you had any operations to your head or brain? such as insertion of aneurysm clips.....		
Do you have a reprogrammable ventricular shunt?		
Have you had any surgery to your eyes or ears - specifically insertion of cochlear/stapes implants?		
Do you wear a hearing aid?		
Have you had any surgery to any part of your body that might have involved metal clips, mechanical implants?		
Do you have a neurostimulator?		
Have you had an endoscopic procedure involving the swallowing of a transit camera?		
Have you any tattoos or eyeliner tattoos?		
Have you any skin patches e.g. hormone, nicotine etc?		
Have you ever had any metal fragments fly into your eyes?		
Have you had any gunshot or shrapnel injuries or any accidents where metal may have entered your body?		
Do you suffer from diabetes or epilepsy?		
For female patients: Is there any possibility that you are or may be pregnant?		

I understand that my images may be used in an anonymous form in medical research publications for the progression of research and education.

PATIENT'S SIGNATURE: _____

STAFF SIGNATURE: _____

DATE: _____ PATIENT'S WEIGHT: _____

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