

[Place sticker here]

Name:	
DOB:	
Height:	Weight:
cm	kg

MRI Safety Questionnaire

Some implanted devices, implants or foreign bodies are NOT safe for MRI. To ensure your safety it is important that you answer all questions accurately. Failure to do so may result in serious injury or interfere with you MRI.

Please circle either YES or NO. Do you currently have or did you ever have any of the following:

Cardiac Pacemaker	YES	NO	Aneurysm Clips	YES	NO
Pacing wires	YES	NO	Deep brain stimulator	YES	NO
Artificial Heart Valve/Valve replacement or Aortic graft	YES	NO	Neurostimulator/ spinal stimulator or electronic device	YES	NO
Loop Recorder	YES	NO	Cochlear implant	YES	NO
Coronary Artery Stent/s	YES	NO	Stapes or other ear implant	YES	NO
Blood Vessel Stent/s	YES	NO	Implanted shunt/drain	YES	NO
Embolisation coils and /or vascular clips	YES	NO	Metal fragments in your eyes (NOW OR EVER)	YES	NO
IVC Filter	YES	NO	Breast implant with tissue expander	YES	NO
Gastric Banding	YES	NO	Implanted drug infusion pump/monitor	YES	NO
Other device or implant	YES	NO	Bladder/sling or lift	YES	NO

Do you currently have any of the following items in or on your body?

Endoscopic/ Gastrointestinal pill camera	YES	NO	Shrapnel or bullets	YES	NO
Recent endoscopy/colonoscopy (<6 weeks)	YES	NO	Any foreign bodies	YES	NO
Hearing aids	YES	NO	Bone screws/ nails/ pins	YES	NO
Dentures or prosthetic devices	YES	NO	Body piercing or tattoos	YES	NO
Hair extensions/ wig/ pins/spray on hair	YES	NO	Dermal (skin) medication patches	YES	NO
Magnetic cosmetic devices	YES	NO	Penile prosthesis	YES	NO

MRI Safety Questionnaire

Please answer YES or NO

Could you be or are you pregnant?	YES	NO	Do you have an IUD?	YES	NO
Are you breast feeding?	YES	NO	Are you having an MRI examination?	YES	NO

Do you have any medication allergies? If YES, please LIST	
Have you had a previous MRI? If YES, when and where	

Please list all operations or procedures you have EVER had? All details must be provided:

Please tick the following to indicate that you agree:

- I will remove all metal from myself including keys, coins, piercings, jewellery, hearing aids, bobby pins etc before entering the room (locker available in your change room). I understand that I am required to get changed into a gown for my MRI. ☐
- I consent to the MRI procedure that has been requested by my referring physician, including the injection of contrast if required. ☐

I confirm that I have read, understood and answered these questions correctly. I acknowledge that St Vincent's Hospital Medical Imaging department is not liable for any event that results from incorrect answers on this form or failure to follow any instructions given.		
Print Name:		Date:
Signature:		
Form Completed By:	Patient <input type="checkbox"/> Doctor <input type="checkbox"/> Relative <input type="checkbox"/> Other (please specify):	

IF THE FORM IS COMPLETED BY SOMEONE OTHER THAN THE PATIENT THEN A MRI CONSENT IS ALSO REQUIRED.

For MRI staff use only:

Timeout and contrast details (agent/dose/authorising Dr) recorded in the Radiology Information System.