

MRI Patient Safety Consent Form



Intelligent imaging

Name:	D.O.B:	Weight:	Height:
Address:			
Email address:			

The safety questions below are designed to help us check that it is safe for you to have an MRI scan.
Please contact us **if you answer 'yes' to any of the questions numbered 1 to 6; please call the number on your appointment letter**

	Yes	No	Details
1 Do you wear hearing aids or do you have hearing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	
If 'yes' have your hearing aids been removed?	<input type="checkbox"/>	<input type="checkbox"/>	
2 Do you have any of the following implants?	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac (heart) pacemaker and/or internal cardiac defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	
Artificial heart valve or REVEAL device?	<input type="checkbox"/>	<input type="checkbox"/>	
Aneurysm clips in your brain?	<input type="checkbox"/>	<input type="checkbox"/>	
Programmable hydrocephalus shunt?	<input type="checkbox"/>	<input type="checkbox"/>	
Cochlear or other ear implant?	<input type="checkbox"/>	<input type="checkbox"/>	
A stent inserted in any part of your body?	<input type="checkbox"/>	<input type="checkbox"/>	
Implanted pain control or drug infusion device?	<input type="checkbox"/>	<input type="checkbox"/>	
Clips, pins, plates, joint replacements or embolisation coils?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any operations in the last 6 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever had any metal fragments go into your eyes?	<input type="checkbox"/>	<input type="checkbox"/>	
If 'yes' did you receive medical advice from a Doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
Was everything completely removed?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever had any other surgery? (If 'yes' give details)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you had any shrapnel or gunshot/bomb blast injuries?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are you, or could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, blackouts, angina, asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have any tattoos?	<input type="checkbox"/>	<input type="checkbox"/>	

Prior to your MRI scan you will be asked to remove any metal items from your body.
This will include such items as hearing aids, jewellery, tinted contact lenses, removable metal dentures, body piercings, false eye, skin patches (nicotine, angina, hormone etc.), artificial limbs and calipers.

By signing below you acknowledge that you have answered the questions to the best of your knowledge. You have had the risks/benefits of the scan explained to you and consent to the examination.

Patient signature: _____ Date: _____
(Parent or Guardian on behalf of patient under 16 years of age)

Radiographer signature: _____

Name: _____ Date: _____

For Office purposes only				
		1st staff	2nd staff	Comments
Mobility and sensory impairment on RIS				
Name				
D.O.B				
Address				
Imaging modality				
Area of body for Imaging				
Laterality (where applicable)				
Appropriate clinical information				
Evidence of previous imaging				
Timing of examination (where applicable)				
Request from verified referrer				

Aide Memoire	'✓' when completed
All implant /devices/safety questions answered appropriately and deemed safe to scan	
All clothing removed for safety /artefact purposes	
All loose metal removed – pockets empty (trousers front & back, shirt, cargo pants)	
All jewellery/metal removed from body – piercings, necklaces, bracelets, watches, hair clips/grips, cuff links, collar stiffeners, ankle/wrist weights hidden beneath clothes etc.	
All medical devices attached to external body removed – e.g. patches, calipers, hearing aids once full explanation given, artificial limbs etc.	