MRI Safety Screening Questionnaire
Research Participants/Patients

For your own SAFETY all questions must be answered before entering the MRI

Last Name:	Given Name/s:	Weight: kg	Height: cm
Date of Birth:	Project:	Male ☐ Female ☐	

It is very important that you answer the following questions truthfully as we need to assess any possible dangers that may present to you during your scan. Patients who have heart pacemakers, metal implants, or metal chips or clips in or around the eyeballs may not be scanned with an MRI because of the risk that the magnet may move the metal in these areas. Please complete the following questions by ticking Yes or No. If you have any queries please ask MRI staff.

Have you ever:	**Yes**	**No**
1. Had heart surgery?	☐	☐
2. Had brain surgery?	☐	☐
3. Been a metal worker?	☐	☐
4. Had metal in your eyes?	☐	☐
5. Suffered from claustrophobia?	☐	☐
6. Had an MRI scan in the past?	☐	☐

Please list all of the operations you have ever had:

Female patients:	**Yes**	**No**
7. *Any possibility you may be pregnant?	☐	☐
8. Do you have an intrauterine device?	☐	☐

*Please note there are no known risks to the developing foetus from MRI. However, complete safety has yet to be fully established.

Do you have (or have you ever had) any of the following?	**Yes**	**No**
9. Pacemaker/ Neurostimulator/ Biostimulator	☐	☐
10. Pacing wires/ defibrillator	☐	☐
11. Brain aneurysm clip/ coils	☐	☐
12. Cardiac loop recorders or monitoring devices	☐	☐
13. Cochlear Implant	☐	☐
14. Haemostatic/ bowel clips	☐	☐
15. A PillCam for endoscopy	☐	☐
16. IVC filter	☐	☐
17. Artificial heart valve	☐	☐

Do you have (or have you ever had) any of the following?	**Yes**	**No**
18. Any type of intravascular coils, filters or stents	☐	☐
19. PICC line/Swan-Ganz catheter	☐	☐
20. Brain Shunt tube or other shunts (e.g. glaucoma eye shunts)	☐	☐
21. Metal pin, plates, rods, screws, prostheses	☐	☐
22. Ocular (eye) prosthesis	☐	☐
23. Stapes (ear) implant	☐	☐
24. Shrapnel or bullet wounds	☐	☐
25. Hearing aid	☐	☐
26. Dentures, braces (including magnetically activated dentures)	☐	☐
27. Transdermal (skin) patches or any type of patches e.g. Nicotine, silver wound dressings	☐	☐
28. Gym clothing containing silver	☐	☐
29. Wig, toupee, hairpiece or hair extensions	☐	☐
30. Magnetic eye lashes/ magnetic cosmetics	☐	☐
31. A tattoo (including tattooed eyeliner/ eyebrows)	☐	☐
32. Acupuncture or Gold thread implantation	☐	☐
33. Any type of body piercing	☐	☐
34. Implanted pain relief pump	☐	☐
35. Implanted insulin pump	☐	☐
36. Are you having an MRI scan here today?	☐	☐
37. An operation/ procedure in the last six weeks	☐	☐
38. Other implants not mentioned above (please specify):	☐	☐

Do you understand ALL of the above questions? **Yes** ☐ **No** ☐

Imaging Data Consent

NeuRA use information (your age and your MRI imaging data) extracted from the MRI records to run the NeuRA MRI database. The information is coded to ensure your personal privacy is protected. By consenting to participate in this research study, you are agreeing to the use of **your imaging data** as held in the NeuRA MRI database. Any information used is managed completely confidentially and only for the purpose of the NeuRA MRI research and quality assurance. Any publication of the information will be in a form that will not identify you. With your agreement, **your imaging data will be included in the NeuRA MRI database and used for quality assurance and MRI research purposes. Agree** ☐ **Disagree** ☐

I acknowledge that to the best of my understanding ALL the above answers are true and correct:

Signature of Participant or Guardian: X_____ Date: / /

For Staff Use Only: Safety checklist verbally confirmed by MRI Technologist	
Signature of MRI Radiographer:	