Attach patient label here

MRI Safety Checklist

Must accompany a request for MRI

Patient telephone number……. **Height:**

Weight:

Please remove all jewellery, particularly piercings, prior to attending your MRI

	Yes	No	Please provide details
Have you ever, **AT ANY TIME**, had an operation?			
Do you have a **cardiac pacemaker**, artificial heart valve or stent?			
Have you had any brain, eye or ear surgery?			
Do you have any surgical implants of any kind e.g. aneurysm clips, shunts, joint replacements, clips, breast implants, bladder implants, or pain relief implants?			
Have you **EVER** had any metal fragments go into your eyes?			
Is there any metal in any part of your body?			
Do you have dentures or hearing aids?			
Do you have any tattoos, or tattooed eyeliner?			
Are you wearing an HRT patch, other medication patch or a diabetes monitor or pump? These need to be removed prior to scanning			
Have you ever swallowed a Pillcam as part of an endoscopy procedure?			
Do you have any piercings or hair extensions?			
Is there any chance you could be pregnant? Are you breastfeeding?			
Do you have a prosthesis, calliper or brace of any kind?			
Do you suffer from asthma, blackouts or seizures?			

MRI Safety Checklist

Must accompany a request for MRI

Contrast Health checklist Do you have any of the following:	Y	N
Kidney problems		
Diabetes		
Heart problems		
Have you had a liver transplant?		
Allergies (Please give details or state None)		

Buscopan health checklist Do you have any of the following:	Y	N
Glaucoma (or family history of glaucoma)		
Tachycardia (fast heartbeat, palpitations, or atrial fibrillation)		
Myaesthenia Gravis		

MRI Radiographer comment:

Referring clinician signature: .....

Date: .....

I have had all my questions answered ☐

Patient .....

Safe to scan ☐

MRI Radiographer .....