

Newcastle upon Tyne Hospitals MR Safety Questionnaire

Full Name:

Date of Birth:

Height:

Weight:

PLEASE READ AND ANSWER CAREFULLY	YES	NO
Have you ever had a cardiac pacemaker?		
Have you ever had any surgery to your heart?		
Have you ever had any surgery to your head, brain or eyes? If yes give details.....		
Have you ever had any metal fragments in your eyes? If yes give details.....		
Have you ever had any metal fragments in any other part of your body? If yes give details.....		
Have you ever had any operations involving the use metal implants, plates Stents or clips?		
Have you ever had any relevant surgery to today's examination? If yes give details.....		
Have you had any surgery within last two months? If yes give details.....		
Have you ever had any type of electronic, mechanical or magnetic implant? If yes give details.....		
Do you use a hearing aid?		
Have you had a previous MR scan? If yes give details.....		
Ladies only Is there any possibility of you being pregnant? Are you breast feeding?		

Please remove all loose metallic objects including metallic body piercing, hearing aid, dermal patches and dentures

I confirm that I have been asked the above questions and the information is correct to the best of my ability

Patients signature

Date

I have assessed the answers and can confirm that the examination can proceed

Radiographers signature

Date

Oxygen cylinder and any other metal objects removed		
Previous images checked on PACS?		