Wirral University Teaching Hospital

MRI Patient Safety Questionnaire

If you answer <u>YES</u> to any of the starred (*) questions, please contact the department on 0151 604 7317 otherwise your scan may be postponed for safety reasons.

Name:	Address		
Date of birth	Weight	Ward	Transport Chair/Trolley (please delete)

	Yes	No	Comments
I have a cardiac pacemaker, internal cardiac			*
defibrillator, artificial heart valves or any other			
cardiac device?			
I have aneurysm clips, ear or eye implants, stents			*
or shunts			
I have had surgery on my head, heart, chest, breast			*
or spine?			
I have had surgery within the past six weeks			*
I have had metal fragments in my eye (any time)			*
even if they have been removed?			
I have shrapnel; pellets or foreign bodies within			*
me?			
I have medical devices attached to my body e.g. a			*
syringe driver, silver dressings, diabetic devices?			
I have metal implants, artificial joints/limbs, pins or			*
plates, gastric band/bypass, I have swallowed a pill			
camera for bowel investigations?			
I have had surgery outside of the UK?			*
I have tattoos, including cosmetics tattoos within 6 weeks?			*
I have intimate piercings and/or I have ferro magnetic piercings?			*
I have a false/magnetic eyelashes, or metallic hair			*
extensions?			
I have dentures and/or hearing aids?			
I have kidney disease (renal failure)?			
I have allergies e.g. hay-fever, asthma, or latex?			

PLEASE READ OVERLEAF

Approved: June 2025 Radiology Quality Meeting

		Yes	No	Commonte
Do any of these apply:		res	NU	Comments
Do any of these apply : I am or could be pregnant. I have an intrauterine device (IUD) other than the Mirena coil				*
I am breast feeding	[
Patient Signature:	MRI Staff Signature:			
Date:	Date:			
Relative/Carer or Parent/Guardian signature including name and relationship to patient.				e completed questionnaire r parent/Guardian signature.
Date	Date			
Relationship to Patient	Staff Gra	ade		

*Please note family members are **NOT** allowed to interpret for the patient. An official interpreter must be booked by the hospital in advance of your appointment. Please ring number 0151 604 7317 to advise of language required.

Please be aware that MRI staff are unable to provide supervision for children during your appointment, therefore, please make your own provision for childcare.

YOU MUST REMOVE ALL METAL FROM YOUR PERSON EXCEPT GOLD WEDDING RINGS, WHERE POSSIBLE LEAVE ALL VALUABLES AT HOME.

FOR MRI STAFF ONLY

CONTRAST	LOT NUMBER	EXPIRY DATE	ADMINISTERED BY	CHECKED BY