NHS
Gloucestershire Hospitals
NHS Foundation Trust

Name:	
Date of Birth:	DD / MM / YYYY
MRN Number:	
NHS Number:	
(OR AFFIX HOSPITAL LABEL HERE)	

MRI Safety Questionnaire

The MRI scanner uses a powerful magnetic field and therefore we need to ensure that you are safe to enter the scanner. **Please answer the following questions:**

Height	Weight	Date of scan DD / MM / YYYY
Home/mobile phone Nos.		
***Level of mobility:** fully❑ partially ❑ wheelchair ❑ require a hoist ❑		***Outpatient** ❑ Inpatient ❑ Paediatric ❑

Have you had an MRI scan before?	**Yes** ❑	**No** ❑	**ANY problems?**
Do you currently have or previously had any of the following in your body? Please tick	**Yes**	**No**	**Give further details if Yes**
• Pacemaker or implanted cardiac device (ICD)	❑	❑	
• Neurostimulator or deep brain stimulator	❑	❑	
• Cochlear implant or any other ear surgery including stapes prosthesis (Type, make and model)	❑	❑	
• Cerebral aneurysm clip	❑	❑	
• Implanted drug infusion, insulin pump, diabetes sensor.	❑	❑	
• Shunts (programmable or non), stents, cardiac stents or intravascular coil (Type, make and model)	❑	❑	
• Electrical or magnetic implants (Type, make and model)	❑	❑	
• Eye surgery, implants, scleral buckle or retinal tack	❑	❑	
• Metal fragments in your eyes	❑	❑	
• Have you ever had an endoscopy procedure involving swallowing a pillicam capsule?	❑	❑	
• Have you ever had ANY surgery? (What/when?)	❑	❑	
• ANY metal implants anywhere in your body?	❑	❑	
• Do you currently have any medication patches or ECG stickers on your body?	❑	❑	
Females only			
1. Could you be pregnant?	❑	❑	
2. Are you breast-feeding? (Contrast Examinations)	❑	❑	

IMPORTANT: Please remove all jewellery, keys, watches, hair grips/extensions, mobile phones, wallets, credit cards, coins, loose metal objects, body piercings, hearing aids, anti-flush underwear magnets, foil backed dermal patches, clothing with metal braids (check seams and sportswear), anti-radiation vests, magnetic nail varnish and dentures before your scan. Mascara must be removed for head scans.

Patient/guardian signature	Print name	Date DD / MM / YYYY
Radiographer signature	Print name	Date DD / MM / YYYY
Patient signature	Print name	Date DD / MM / YYYY

MRI Safety Questionnaire - Staff Use Only

Patients EGFR_____DATE DD / MM / YYYY **Anti -coagulants Yes ❑ No ❑**

Your doctor has requested us to perform an examination requiring an injection of an MRI contrast(dye). This is routine and an important part of some examinations to aid diagnosis. It is considered safe for the majority of patients but like all drugs it has a low risk of side effects and reactions. For any concerns, **please ask** to see a full list of **side effects**

GADOLINIUM/CARISCAN/DOTAREM/PRIMOVIST	**Yes**	**No**	**Give further details**
• Do you have any known Kidney problems/impaired renal function or renal /liver transplant?	❑	❑	
• Any allergies or previous reaction to an MRI contrast agent?	❑	❑	
• Any diabetes?	❑	❑	
• Any uncontrolled asthma?	❑	❑	
• Any history of low potassium levels? (Primovist only)	❑	❑	
MANNITOL **To help distend the bowel for small Bowell imaging.**			**Can occasionally cause nausea, abdominal distension and diarrhoea. See leaflet for full details.**
• Any previous reaction to Mannitol?	❑	❑	
• Any kidney problems and/or difficulty urinating?	❑	❑	
• Any cardiac failure/pulmonary oedema?	❑	❑	
• Any history of an intracranial bleed?	❑	❑	
BUSCOPAN (hyoscine Butylbromide) **Anti-spasmodic helps to improve image quality by minimizing Bowel movement.**			**Very few side effects but can cause a dry mouth, blurred vision and a fast heart rate for a short while. On occasions can cause an allergic reaction and a painful red eye which may require treatment.**
• Any previous reaction to Buscopan?	❑	❑	
• Any diagnosed untreated heart arrythmia or unstable heart disease?	❑	❑	
• Any history of untreated glaucoma?	❑	❑	
• Any muscle wasting diseases such as Myasthenia Gravis?	❑	❑	
• Any history of an enlarged prostate? (Male only)	❑	❑	

Record of DRUGS Administered under relevant PGD		**Volume**	**Time**	**Given and checked by: (please sign)**
Sodium chloride 0.9% Expiry/Batch				
Gadolinium Expiry/Batch				
Buscopan Expiry//Batch				
Mannitol Expiry/Batch				

Cannulation and patency check with 0.9% sodium chloride					
Cannulator	1st		2nd		**CANNULA LABEL**
No. of attempts/location	1	2	3	4	
Cannual removed by:		Time removed: 00 : 00			