

Place patient sticker **within** this box



Royal Cornwall Hospitals
NHS Trust



MRI safety checklist



Name:		Date of birth:
Address:		
Postcode:		Telephone number:
Please answer the following questions		Yes / No
1	Do you have a cardiac pacemaker/defibrillator?	
2	Have you ever had a cardiac pacemaker/defibrillator? If yes, give details	
3	Have you ever had heart surgery? If yes, give details	
4	Do you have a neuro-stimulator?	
5	Have you ever had any type of electronic, mechanical, or magnetic Implant? If yes, give details	
6	Have you ever had surgery to your brain? If yes, give details	
7	Do you have a programmable hydrocephalus shunt?	
8	Have you ever had surgery to your ears? If yes, give details	



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MRI SAFETY CHECKLIST cont...

Please answer the following questions

Yes / No

9	Have you ever had surgery to your eyes? If yes, give details	
10	Have you ever had any operations involving the use of metal implants, plates, or clips? If yes, give details	
11	Have you ever had any metal fragments in your eyes? If yes, give details	
12	Have you ever had any metal fragments in any other part of your body? If yes, give details	
13	Have you had any surgery in any part of your body in the past 6 weeks? If yes, give details	
14	Do you have a prosthetic limb, eye or other artificial device not already mentioned? If yes, give details	
15	Are you wearing any medication patches? (eg. Nicotine, HRT patch)	
16	Do you have any wound dressings?	
17	Have you had a previous MRI scan? If yes, when was the most recent?	
18	What is your weight? (Stones) (Kilograms)	
WOMEN ONLY		
19	Could you be pregnant?	
20	Are you breast-feeding?	

I confirm that that the information I have provided is correct to the best of my knowledge.

Signature of patient:

Date:

Signature of staff member (1):

Date:

Signature of staff member (2):

Date:

Please remove all loose metallic objects, including metallic body piercing, hearing aids, foil drug patches and dentures.