

MRI safety checklist



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.

[Affix patient label]

Patient name: _____ DOB: ____ / ____ / ____ Weight: ____ kg Height: ____ cm

Have you taken any form of sedative today? Yes No

Have you ever:

- 1. Had heart surgery? Yes No
- 2. Had brain surgery? Yes No
- 3. Had ear surgery? Yes No
- 4. Had metal in your eyes? Yes No
- 5. Been a metal worker? Yes No
- 6. Had an MRI scan in the past? Yes No

Please list all the operations you've had:

Female patients:

- 1. Is there any possibility you may be pregnant? Yes No
- 2. Do you have any intrauterine device? Yes No

Private patients & pensioners

The costs involved with this procedure have been clearly explained and I accept responsibility for these charges.

Quoted out-of-pocket expenses \$ _____

Do you have (or have you ever had) any of the following?:

- 1. Pacemaker Yes No
- 2. Pacing wires / defibrillator / PICC line Yes No
- 3. Brain aneurysm clip Yes No
- 4. Cochlear implant Yes No
- 5. Artificial heart valve repair/replacement Yes No
- 6. Neurostimulator / Biostimulator Yes No
- 7. An angiogram performed Yes No
- 8. Any type of intravascular coils, filters or stents Yes No
- 9. Swan-Ganz catheter Yes No
- 10. Brain shunt tube Yes No
- 11. Metal pin, plates, rods, screws, artificial limbs Yes No
- 12. Ocular (eye) prosthesis Yes No
- 13. Stapes (ear) implant Yes No
- 14. Dentures, dental implants or braces (including magnetically activated dentures) Yes No
- 15. Shrapnel or bullet wounds Yes No
- 16. Implanted pain relief pump Yes No
- 17. Implanted insulin pump and/or wearable glucose sensors Yes No
- 18. Any other form of implant Yes No
- 19. Hearing aid Yes No
- 20. Transdermal (skin) patches eg. Nicotine patches Yes No
- 21. Wig, toupee, hairpiece, hair extensions Yes No
- 22. A tattoo (including tattooed eyeliner or eyebrow) Yes No
- 23. Any type of body piercing Yes No
- 24. An operation in the last six weeks Yes No
- 25. Are you wearing any clothes or underwear with odour controlling properties or metal fibers or magnets? Yes No
- 26. Are you wearing magnetic false eyelashes? Yes No
- 27. Are you wearing colored contact lenses? Yes No
- 28. Do you have anything artificial in your body? Yes No
- 29. Do you understand all these questions? Yes No

I acknowledge that to the best of my understanding, the above answers are true and correct:

Signature of patient or guardian

Date

Interpreter's consent

I have provided a sight translation in _____ (state the language) of the patient consent form. I also have assisted the patient/parent and/or guardian with any verbal and written information given by the medical imaging professionals.

Interpreter's full name

Interpreter's signature

Date

For staff use only

Safety checklist verbally confirmed by MRI technologist
 Yes No

Signature of MRI technologist

Date

Acknowledgment