

(Please affix patient address label here)

MRI Scan Department

Radiology RAEI

IMPORTANT

Unfortunately due to the contraindications of MRI scanning we are unable to proceed with this patients MRI scan until the Safety Declaration is completed.

In the case of the patient NOT having a next of kin this form needs to be carefully completed by the Consultant who referred the patient for an MRI Scan.

The MRI Department will ensure to fill in the relevant sections where diagnostic images exist to aide to answer the relevant questions.

If unsure about any question please ask staff to contact the MRI department on ext 8685, as it is extremely important that we have the correct information as some medical devices can fail on entering the Magnetic field and could potentially be fatal (i.e. pacemaker, aneurysm clips).

Weight (kgs):.....Height (cms):.....

Please answer the following Questions	YES	NO	UNSURE Please ask staff to contact MRI scan dept if unsure to any questions
Do they have a Cardiac/heart pacemaker?			If unsure please review Chest X-Ray
Diagnostic Imaging of chest examined by: Name: _____ Designation: _____ Signed: _____			

Please answer the following Questions	YES	NO	UNSURE Please ask staff to contact MRI scan dept if unsure to any questions
Have they ever had any operations involving their head, heart or eyes?			If Unsure and no Diagnostic imaging of the head is available: Please organise a Lateral Skull X-Ray
Diagnostic Imaging of Head / Chest examined by: Name: _____ Designation: _____ Signed: _____ Patients Previous medical history and notes have been checked: Name: _____ Designation: _____ Signed: _____			
Have they had any other operations / surgery in the last six weeks?			
Have they ever worked as a machinist, metalworker or welder?			If Unsure please organise an Orbits X-Ray
Have they ever had any metallic fragments in your eyes?			
Have they ever had any metal in your head or body e.g. shrapnel?			
Do they suffer / have they suffered from a heart disorder / fits / blackouts / epilepsy or diabetes?			
Is there any history of kidney problems?			

Does the patient have any of The Following?	YES	NO	UNSURE
Any implanted medical device e.g. implanted drug infusion device, nerve or bone stimulator, cochlear implant, glaucoma shunt, gastric band etc.			
Any type of prosthesis or implant (e.g. eye, hip, knee, penile, cochlear etc.)			
Shunts, lines, catheters, wires or stents			
Dentures or plates			
Hearing aid			
Artificial Limbs			
Any Medicine patch e.g. HRT, Nicotine, pain relief			
Tattoos			
To be answered by Female Patients of Childbearing age (12-50)			
Is there any possibility of pregnancy?			

All the Patients Previous medical history and notes have been checked:

Name:

Signature of Consultant completing form..... Date.....

Screening Form Checked and there are no contraindications..... (MRI STAFF)