

Pre Examination Questionnaire – MSK Interventional Procedures

(please affix patient sticker)

Name:

Date of Birth:

Address:

Hospital Number:

Identification Check

(you must make a 3 point ID check of the patient)

**DO NOT CONTINUE UNTIL THE ID CHECK IS
COMPLETE**

The ID has been checked against the patient
record by:

.....Radiographer/HCA

Examination(s) to be performed: (To include type of intervention, side and site)

Clinic Letter reviewed: **Y / N**

Past Medical History and Relevant Questions Prior to Intervention	YES	NO
Do you have any allergies? Details if yes.....		
Have you ever had a previous reaction to contrast or local anaesthetic?		
Do you have asthma? If yes, is it well controlled?		
Are you diabetic? If yes, do you take metformin?		
Do you have any heart conditions?		
Are you currently taking antibiotics?		
Do you take any anticoagulants?		
Do you have any bleeding disorders?		
Do you have history of kidney disease?		
Do you currently have a fever?		
Do you have a history of cancer?		
Have you had COVID or a COVID vaccination in the last 2 weeks?		
Hydro dilatation patients only: Is your physiotherapy booked 4/5 days after the procedure?		
Has the MR Safety Screening been completed? – Arthrograms only		
Patients Signature:		
Checklist Completed by: (Radiographer/HCA)		

Record of Medicine Administration				
Drug/Contrast agent injected:	Batch Number:	Expiry Date:	Injected By:	Checked By:

Pause & Check – On completion of the examination			
No of Images sent to PACS:		Room Used:	
Dose:		Screening Time:	
Radiographer(s):		HCA(s):	
Comments:			