## **Pre Examination Questionnaire – MSK Interventional Procedures**

(please affix patient sticker)

Name:

Date of Birth:



**Identification Check** 

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

DO NOT CONTINUE UNTIL THE ID CHECK IS COMPLETE

Examination(s) to be performed: (To include type of intervention, side and site)  Clinic Letter reviewed: Y  Past Medical History and Relevant Questions Prior to Intervention YES NO by 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 have any pleeding disorders? Do you have any bleeding disorders? Do you have any bleeding disorders? Do you have history of kidney disease? 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)  Pause & Check — On completion of the examination  No of Images sent to PACS: Room Used: Dose: Screening Time: Radiographer(s): HCA(s): Comments:	Address:		11	The ID has been checked against the patient record by:				
Past Medical History and Relevant Questions Prior to Intervention YES NO Do you have any allergies? Do you have any allergies? 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 any bleeding disorders? Do you have a 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: Radiographer(s): HCA(s):	Hospital Number:		Radiographer/HCA					
Past Medical History and Relevant Questions Prior to Intervention YES NO Do you have any allergies? Do you have any allergies 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 any bleeding disorders? Do you have history of kidney disease? Do you have 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:  Bose: Screening Time: Radiographer(s): HCA(s):	Examination(s) to be performe	ed: (To include type of interve	ntion, side and sit	e)				
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