

Name:
Address:
DOB:
Hospital No:

MRI Scan Department
Radiology RAEI

Ward:

ID Checked By:

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.

This form needs to be **completed by the patient's next of kin** before the scan can be performed, without this form the scan will not be conducted. This form must be filled out in person by the next of kin and not over the phone.

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 contact MRI scan dept if unsure
Do they have a Cardiac/heart pacemaker?			
Have they ever had any operations involving their head, heart or eyes?			
Please explain if answered yes to either of the above questions:			
Have they had any other operations / surgery in the last six weeks?			
Have they ever worked as a machinist, metalworker or welder?			
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 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/dressing e.g. HRT, Nicotine, pain relief, silver dressing			
Tattoos			
To be answered by Female Patients of Childbearing age (12-50)			
Is there any possibility of pregnancy?			

Please also answer the following in case an injection of special contrast dye is needed during the MRI

	Yes	No
Is the patient a Diabetic?		
Does the patient have any allergies?		
Does the patient have Asthma?		
Does the patient have any known problems with their kidneys?		
Is the patient awaiting a Liver Transplant?		

Signature of person completing form..... Date.....

Please state your relationship to the Patient.....

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

Record of Medicine Administration:			
Sodium Chloride 0.9% used for:		Intravenous Contrast Agents :	
Checking Cannulae Patency 10mls (repeat dose as required)		Gadovist	Volume Injected : ml
"Saline Bolus Chase" Total Volume Injected:	ml	Other Contrast Name :	Volume Injected : ml

Batch Number:		Batch Number:	
Expiry Date:		Expiry Date:	
Injected By:		Injected By:	
Checked By:		Checked By:	