Clinical Imaging Facility, Swansea University

**MRI Procedure – Safety Questionnaire**

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| Surname: | …………………………………. | Address: | ……………………………………… |
| Forenames: | …………………………………. |  | ……………………………………… |
| Date of Birth | ………..............… |  | ……………………………………… |
| Weight: | ………………..........................Hei | Height: | ……………………………………… |
| 378px-Ambox_warning_yellow | **WARNING:** Due to the presence of the strong magnetic field certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure. **DO NOT ENTER** the Magnet Room or the MR environment if you have any question or concern regarding an implant, device or object. Consult a member of MRI staff BEFORE entering the Magnet Room. ***The MR system magnet is ALWAYS on.*** |

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| **Please answer the following questions:** | **Tick and Initial** |
|  | ***Yes*** |  ***No*** |
| 1. | Have you had an MRI procedure before? | ⬜ | ⬜ |
| 2. | Do you have a **cardiac pacemaker** (including temporary pacing) pacing wire or Cardiac Defibrillator? | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |
| 3. | Have you ever had any **heart** surgery and/or an artificial heart valve, Stents? | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |
| 4. | Have you had any **head** surgery, cochlea implant, and/or aprogrammable hydrocephalus shunt? | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |
| 5. | Have you EVER had **metal fragments** in your eyes? If yes, was it removed? | ⬜ | ⬜ |
| 6. | Have you EVER had any surgery involving the use of **pins,** **clips, plates or implants? Inc Hearing aids** | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |
| 7. | Have you had any surgery in the last two months inc capsule endoscopy? | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |
| 8. | Have you EVER had any metal fragments in any other part of your body? e.g. **bullets, shrapnel, weld**?  | ⬜ | ⬜ |
| 9. | Do you have any of the following? Epilepsy/ Fits and Blackouts, Diabetes (please alert staff if you wear a sensor or have any implanted devices for insulin) | ⬜ | ⬜ |
|  | Medicine Patches e.g HRT, Nicotine replacement, Pain relief, Nitro patch | ⬜ | ⬜ |
|  | Tattoos, Piercings, Body Jewellery, magnetic eyelash and/or metal hair extensionsPlease remove all piercings. | ⬜ | ⬜ |

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| **For Female patients only: Please answer the following questions:** | **Tick and Initial** |
| ***Yes*** |  ***No*** |
| 10. | Is there a possibility that you could be pregnant? | ⬜ | ⬜ |
| 11.  | Are you breast-feeding? | ⬜ | ⬜ |
| 12. | Do you have an IUD coil fitted? | ⬜ | ⬜ |
|  | *If YES, please provide details:*  |

**Please continue over page**

**PATIENT DECLARATION :** By signing below you acknowledge that;

1. You confirm that the information provided is accurate to the best of your knowledge.
2. You have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that you are about to undergo.
3. BEFORE entering the Magnet Room you should remove **ALL** metal objects including
* **coins, jewellery,**
* **hair pins, body piercing,**
* **false teeth, hearing aids,**
* **pens, tools, watches and credit cards**.
1. You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.
2. ILS 2/ CIF is a Swansea University clinical research unit, as such your data and images maybe anonymised and added to the secure data base and maybe used for teaching, education and research purposes.
3. Gadolinium contrast agents are sometimes given to patients during MRI exams to help obtain a clear image of the inside the body. It is known that a small amount of gadolinium may remain in the body after a scan when contrast is administered. However, there is no evidence that gadolinium deposition has caused any harm to patients. If you need a scan with a contrast agent to help with your diagnosis or treatment you will be prescribed the lowest dose required for a clear image to be obtained. Further information from the manufacturer of the contrast agent is available on request. If you have significantly impaired kidney function, you will not receive the contrast agent.
4. ILS2/ CIF staff will need to transfer your images outside of Swansea University in order for a medical report to be obtained and sent to the exam referrer. Your images and report may also be accessed by an authorised medical/ healthcare professional via the SBUHB I.T. systems. By signing below you give your consent to both. All personal and image data will be treated in strict accordance with all data protection regulations.

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| **Signature:**  | ………………………………………… | **Date:**  | …………………………… |

**(Staff) Checked by**: ………………………………… **Date:** .......................................

**………………………………………………………………………………**

**Swansea Research Project Volunteers Only**

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| **Please answer the following questions:** | **Tick and Initial** |
| ***Yes*** |  ***No*** |
| ***Do you understand that this is a research scan and is not useful for diagnosis?***  | **⬜** | **⬜** |
| ***Do you understand the associated risk of voluntary participation?*** | **⬜** | **⬜** |
| ***Do you allow us permission to contact your GP in regards to your scan?*** | **⬜** | **⬜** |
| ***GP’s Name & Address:*** |