

# TRINITYMRI

BRAIN, SPINE & NEUROVASCULAR IMAGING

## Safety Questionnaire for patients about to undergo MRI

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Date: \_\_\_\_\_

Gender: \_\_\_\_\_

**PLEASE READ AND ANSWER THESE QUESTIONS CAREFULLY.**

**Metals and other items can interfere with your MRI scan and some items may be hazardous to you during the examination. IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE CONTACT TRINITY MRI FOR ADVICE (09 522 0848)**

Please indicate if you have **EVER** had any of the following:

	YES	NO
An accident/injury to the <b>eye or other body part</b> involving <b>metal</b> of any kind? (i.e. metal shavings/grinding slivers or shotgun pellets etc)		
Do you have a <b>Heart pacemaker</b> or a <b>Brain Aneurysm Clip</b> ?		
Any <b>Heart</b> or <b>Head</b> surgery/procedure or an angiogram?		
Any surgery involving <b>medical implants or prosthesis</b> ? (i.e. stents, screws, clips, pins, wires, knee or hip joint replacements etc)		
Have you had a <b>MRI</b> scan before? If yes, <b>Body site</b> _____ , <b>When</b> _____ <b>Where at</b> _____ <b>Any problems?</b>		
In some instances, we may need to send your images to the Auckland City Hospital for further evaluation. <b>Do you consent to this?</b>		
<b>Women of child bearing age:</b> Could you be <b>pregnant?</b> Are you currently <b>breastfeeding?</b>		
Are you claustrophobic (i.e. scared of small spaces)?		
Do you have a recent tattoo, especially Cosmetic?		
Do you have any acupuncture needles or beads still on your body?		

### IMPORTANT INSTRUCTIONS

**Before entering the MR room you must remove all metallic objects from your person; including watches, any jewellery, dental plates, credit cards, keys, hearing aids etc. Items may be locked safely in our changing rooms.**

Patient Signature (or Guardian)	Signature of Radiographer/Radiologist	Patient Weight
---------------------------------	---------------------------------------	----------------