

Patient Checklist

	PATIENT		Friend/Escort	
	YES	NO	YES	NO
Do you have a cardiac pacemaker?				
Have you ever had any operations or procedures on your heart?				
Have you ever had any operations or procedures on your brain or spine?				
Have you ever had any other operations on any part of your body involving metallic implants				
Have you ever had any accidents where metal may have entered your eyes or body?				
Do you have a hearing aid or a cochlear implant?				
Are you asthmatic?				
Do you have any allergies?				
Do you have any renal impairment (kidney problems)?				

Female patients -

Is there any possibility that you may be pregnant? or are you breast feeding?				
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The following items must be removed before you have your scan:

1. Loose metal objects, eg money, keys, pens
2. All jewellery and watches
3. Any safety pins, hair pins and slides
4. Any card with a magnetic strip
5. Clothing with metal zips or buckles (in the area to be scanned)
6. Metal dentures, hearing aids and spectacles

I have read and understood the Checklist for MRI

Date	Patient/Parent/Guardian Signature	Staff Signature
Date	Relative / Friend / Escort	Staff Signature