Melbourne Brain Centre Imaging Unit

MRI Safety And Screening Form

Name: _____ D.O.B: _____ Weight (kg):_____

Gender: F ○ M ○ Other ○ Phone: _____ Height (cm):_____

Have you had an MRI before? Y○N○ When and Where: _____

Patient safety questionnaire – please complete and discuss any concerns or questions with staff. **Do you currently have, or have you ever had, any of the following?**	**YES**	**NO**	INTERNAL STAFF USE ONLY Tick when checked
Pacemaker, and any pacing leads (abandoned or in use)			
Prosthetic heart valve, coronary stents, or cardiac implants			
Brain aneurysm clip			
Brain or spine shunt tubes			
Embolisation coils			
Vascular stents or filter			
Vascular access port and/or catheter			
Electronic devices including neurostimulators or drug infusion pump			
Eye or ear surgery including cochlear or stapes implant			
Metal in eyes (e.g. from grinding or welding)			
Abdominal clips or implants (e.g. lap band)			
Endoscopic haemostatic clips from a recent endoscopy			
Metal pins or screws, joint replacement or prosthesis			
Spinal screw, cages, fusion, or Harrington rods			
Medicated skin patches			
Shrapnel, bullets or foreign objects			
Intra-uterine device (IUD)			
Tissue expanders or implants			
Dentures, retainer wires, or dental implants			
Hearing aids			
Body jewellery that cannot be removed including piercings and rings			
Any other metallic implants or devices			
Is there any chance you could be pregnant?			
** Prior to scanning have jewellery and hair accessories been removed **			

I confirm that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure I am about to undergo:

Participant Signature: _____ Date: _____

Radiographer Signature: _____ Date: _____