NHS
James Paget
University Hospitals
NHS Foundation Trust

MRI Patient Escort Safety Questionnaire

Name: ..... Date of Birth: .....

Address: ……..……

Supporting (Patient Name): …….. Hospital ID: …….

1	Do you have, or have you **EVER** had a Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) or any other implanted cardiac device/implant?	Y*	N
2	Do you have or have you **EVER** had any type of electronic, mechanical or magnetic implant or device (e.g. neuro-stimulator, cochlear implant or drug infusion pump, contraceptive coil or metallic pessary)?	Y*	N
3	Have you **EVER** had any operations on your brain, eye(s), ear(s) or spine?	Y*	N
4	Do you have an intra-cranial aneurysm clip in your head?	Y*	N
5	Do you have a hydrocephalus shunt? If YES, is it a programmable shunt?	Y* Y*	N N
6	Have you **EVER** had any operations/procedures involving the use of metal plates, pins, clips, coils, stents, gastric bands or breast tissue expanders?	Y*	N
7	Have you had any operations or clinical procedures in the last 8 weeks?	Y*	N
8	Have you **EVER** had any metal dust/fragment go into your eyes?	Y*	N
9	Have you **EVER** had any injuries involving metal (for example, bullets, shrapnel, or needles)?	Y*	N
	* Please provide detail.		
10	Is there any possibility that you might be pregnant?	Y	N

Before entering the scan room please remove all metallic objects including jewellery, piercings, hair grips, keys, money, credit cards, mobile phones and lanyards.

Declaration: I take full responsibility for the information given and confirm that it is correct to the best of my knowledge.		
Signature:	**MRI Authorised Person Signature:**	**Date:**