

MRI Patient Checklist

Personal Details

Name			Date of Birth		
Weight(kg)	Height (cm)\	When is the next app	ointment with your doctor? _		
exception of specific		- head, spine, knee sca	of our MRI scans do not attract ans and paediatric (under 16 year		
	a very strong magnet, w	-	fect certain metals or implant	ed devices.	
The MRI technologis	st will answer any querie	es prior to your scan.	Ple	ase circle your res	ponse
Have you had an MR	ll scan before?			YES	NO
If yes, where?		And	which body part		<u>.</u>
Have you EVER had	surgery on your heart?			YES	NO
Do you have or have you EVER had a Cardiac Pacemaker/Defibrillator?				YES	NO
Have you EVER had any surgery on your brain, ears or eyes?				YES	NO
Do you have any Metallic Implants? eg Aneurysm Clip (Brain), Stapedectomy (Ears), Vascular Stent (eg AAA, coronary, renal), Metal Clips, Screws, Rods, or Joints.				YES	NO
-		•	nulator, Pacing wires / electrodes	s, YES	NO
Do you grind, weld or	r cut metal?			YES	NO
Have you EVER had	a metallic foreign body in y	your eye?		YES	NO
Do you wear a hearin	ng aid?			YES	NO
Do you have removal	ole dentures/dental plates'	?		YES	NO
Do you wear a wig or	have hair extensions?			YES	NO
Are you currently usir	ng any medicated skin pat	ches?		YES	NO
Are you pregnant or o	currently breastfeeding?			YES	NO
Fee Quote: \$		Date:	Patient Signature:		
MRI Tech(name)			Date:		