Regional Imaging
Comprehensive care. Uncompromising quality.
A member of I-MED Radiology Network

MRI Safety Check List

To be completed on the day of your appointment

[Affix patient label here]

Name: ..... Date of Birth: ..... Weight: ..... kg Height: ..... cm

It is very important that you answer the following questions truthfully as we need to assess any possible dangers that may present to you during your scan. Patients who have heart pacemakers, metal implants, or metal chips or clips in or around the eyeballs cannot be scanned with an MRI because of the risk that the magnet may move the metal in these areas. Please complete the following questions by ticking Yes or No. If you have any queries please ask the staff.

Have you ever:		
Had heart surgery	◯ Yes	◯ No
Had brain surgery	◯ Yes	◯ No
Had ear surgery	◯ Yes	◯ No
Been a metal worker?	◯ Yes	◯ No
Had metal in your eyes?	◯ Yes	◯ No
Suffered from claustrophobia?	◯ Yes	◯ No
Had an MRI scan in the past?	◯ Yes	◯ No

Please list all of the operations you have ever had

.....

.....

.....

Female patients:		
Is there any possibility you may be pregnant?	◯ Yes	◯ No
Are you currently breastfeeding?	◯ Yes	◯ No
Do you have any intrauterine device?	◯ Yes	◯ No

Please note there are no known risks to the developing foetus from MRI. However, complete safety has yet to be fully established.

WorkCover / TAC Details / 3rd Party Insurers: (please tick which)

◯ Insurance Company: .....
◯ Employer: .....
◯ Claim Number: .....

Private Patients & Pensioners

The costs involved with this procedure have been clearly explained and I accept responsibility for these charges

Quoted out of pocket expenses $.....

Do you have (or have you ever had) the following?		
Pacemaker	◯ Yes	◯ No
Pacing wires / defibrillator / PICC line	◯ Yes	◯ No
Brain aneurysm clip	◯ Yes	◯ No
Cochlear Implant	◯ Yes	◯ No
Artificial heart valve	◯ Yes	◯ No
Neurostimulator / Biostimulator	◯ Yes	◯ No
IVC filter	◯ Yes	◯ No
Any type of intravascular coils, filters or stents	◯ Yes	◯ No
Swanz-Ganz catheter	◯ Yes	◯ No
Brain shunt tube	◯ Yes	◯ No
Metal pin, plates, rods, screws, prostheses	◯ Yes	◯ No
Ocular (eye) prosthesis	◯ Yes	◯ No
Stapes (ear) implant	◯ Yes	◯ No
Any other form of implant	◯ Yes	◯ No
Hearing Aid	◯ Yes	◯ No
Dentures, braces (including magnetically activated dentures)	◯ Yes	◯ No
Transdermal (skin) patches eg. Nicotine patches	◯ Yes	◯ No
Shrapnel or bullet wounds	◯ Yes	◯ No
Wig, toupee, hairpiece	◯ Yes	◯ No
A tattoo (including tattooed eyeliner)	◯ Yes	◯ No
Any type of body piercing	◯ Yes	◯ No
Implanted pain relief pump	◯ Yes	◯ No
Implanted Insulin Pump	◯ Yes	◯ No
Asthma	◯ Yes	◯ No
Anaemia	◯ Yes	◯ No
Kidney disease	◯ Yes	◯ No
An angiogram performed	◯ Yes	◯ No
An operations in the last six weeks	◯ Yes	◯ No
Do you understand all these questions?	◯ Yes	◯ No

I acknowledge that to the best of my understanding, the above answers are true and correct:

Signature of Patient or Guardian: ..... Date: .....

Interpreter's statement

I have given a sight translation in ..... (state the patient's language) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian by the medical imaging professional.

.....

Full Name of Witness Signature of Witness Date

For Staff Use Only: Safety checklist verbally confirmed by MRI Technologist:

Signature of MRI Technologist: ..... Date: .....

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Consent Form

Administration of Contrast in MRI

Affix patient label here

As part of the MRI examination, you may need to have an injection of a contrast agent (dye) known as Gadolinium. This medication is administered intravenously (injection into a vein) through a fine needle. This is not the same contrast agent used for CT scans. Gadolinium contrast medium is generally very safe. Side effects or reactions are uncommon but may occur. The most common adverse reactions are brief headache, nausea (feeling sick) and dizziness for a brief time following the injection. This occurs in 1% to 5% of contrast injections. Infrequently, a feeling of coldness may occur at the injection site. Allergic (anaphylactic) reactions to gadolinium contrast medium have occurred but are extremely rare. These severe reactions, which may involve difficulty breathing and swelling of the lips and mouth, occur in about 1 in every 10,000 people who have gadolinium. These severe reactions generally respond very well to emergency drug treatment. This treatment is given while in the MRI department of the hospital or private radiology practice. In order to administer the MRI contrast the MRI technologist will need to exclude any renal (kidney) disease.

Please complete the following questions and feel free to speak with an MR technologist regarding any further questions or information you require before signing the consent and proceeding with your examination. By answering the following questions you will help decide if it is suitable for you to have contrast.

Please tick your response. If Yes, please give details (Use Additional Comments)		**Additional Comments**
1. Have you had an injection of contrast for MRI before?	○ Yes ○ No	
2. Did you have any reaction?	○ Yes ○ No	
3. Do you have asthma?	○ Yes ○ No	
4. Are you being treated for diabetes? If yes, are you being treated with either insulin or tablets? (e.g. Metformin, Diabex, Glucophage or Diaformin)	○ Yes ○ No	
5. Have you had a recent blood test to look at kidney function? If yes, which Pathology service?	○ Yes ○ No	
6. Do you have any allergies? If so, what to?	○ Yes ○ No	
7. Do you have any kidney disease or family history of kidney disease?	○ Yes ○ No	
8. Are you pregnant or breastfeeding?	○ Yes ○ No	

Patient Consent

I have read the explanation and understand the risks involved in a contrast injection and I have been given the opportunity to ask any questions about its use. I hereby give my consent for the administration of the contrast injection if it is deemed necessary by the radiologist

Signature of Patient / Guardian giving consent

Date / /

Signature of Technologist administering consent

Date / /

Signature of Radiologist / Doctor in charge

Date / /

Interpreter's statement: I have given a sight translation in ..... (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian by the medical imaging professional.

For Staff Use Only

Venepuncture	
Performed by	
Time of needle insertion	
Site	
Removed by	
Affix Contrast Sticker	

Pathology (if available, please scan in results)	
Urea	
eGFR	
Creatinine	
Bilirubin	
Date	
Drugs Administered	

Timeout Check	
Patient Name	
Patient DOB	
Patient Address	
Correct Modality	
Correct Exam	
Allergies Noted	
Initials	