

Magnetic Resonance Imaging SAFETY SCREENING FORM



Attach patient label

(For patients unable to provide detailed history)

Height _____

Weight _____

Warning: Incorrect or incomplete information on the MRI safety screening form may result in serious injury or death. Please ensure all questions are completed correctly. MHRA guidelines require this information from the referrer.

		YES	NO
1	Have you ever had a cardiac pacemaker, defibrillator, or pacing leads/wires?		
2	Have you ever had any other heart or chest operations? If 'Yes', please detail:		
3	Have you ever had an aneurysm in your head, clipped or treated?		
4	Have you ever had any operations on your head, brain, eyes, ears, or spine? If 'Yes', please detail:		
5	Have you ever had any operations involving metal clips, pins, plates, screws, or artificial joints anywhere within the body, including spinal fixation?		
6	Have you ever had any other operations in your lifetime? If 'Yes', please detail:		
7	Do you currently have (or have ever had) an electronic, mechanical, or magnetic device or pump in or on you (e.g., neuro/spinal stimulator, cochlear implant, programmable shunt, TENS, syringe pump, drug delivery (insulin) pump, or glucose monitor)?		
8	Do you have any other type of implant in your body (e.g., stents, breast/tissue expanders, contraceptive-IUD, penile prosthesis)? If 'Yes', please detail:		
9	Have you ever had any metal fragments in your eyes?		
10	Have you ever had any bullets, shrapnel, or other pieces of metal enter your head or body?		
11	Have you had an endoscopy / colonoscopy within the last 6 weeks or a Capsule Endoscopy in the last 2 weeks?		
12	Do you have a hearing aid or dental plate containing metal?		
13	Do you have any tattoos, hair extensions, wigs, permanent cosmetics, magnetic cosmetics, coloured contact lenses, jewellery, or body piercings?		
14	Do you have a catheter, drain, splint, artificial limb, calliper, wearable exercise equipment, corsets, or any other devices or magnets about your person?		
15	Do you have a medication skin patch (e.g., nicotine, HRT, pain relief), silver dressing, ECG electrodes, or any type of skin plaster?		
16	Do you suffer from diabetes, kidney problems, kidney failure, or ever been on dialysis?		
17	Are you being considered for a liver transplant?		
18	Do you suffer from seizures, blackouts, asthma, allergies, or ever had a contrast reaction?		
19	Is there any possibility that you may be pregnant? If 'No', please state the first day of your last period:		

Name of Relative/Carer: _____ Relationship to patient: _____

MRI Referrer completing checklist:

I have contacted the patient's relative or carer and asked all of the above questions and made reasonable efforts to ensure these answers are correct e.g., cross checking implant manufacturer and model with available patient records.

Signature: _____ Print name: _____ Date: _____

Where information is limited or for those with incapacity, I have reviewed the available information and confirm MR scanning should proceed.

Signature of Radiologist: _____ Date: _____

I have checked the patient's identity as per local policy and removed all necessary items. I am also aware of GGC guidance on MR scanning patients with incapacity and where appropriate, have referred to this guidance.

Signature of Radiographer: _____ Date: _____

MRI Drug and Contrast Administration Record

Contrast Record

eGFR

Date of
eGFR

Contrast Administered:

Name of Contrast: Volume injected:

Batch no: Expiry Date:

Authorised by: Checked by:

Venflon by: Injected by:

Additional drugs administered (Buscopan, Furosemide etc):

Drug: Volume:

Batch no: Expiry Date:

Administered by:

Drug Reactions

YES / NO

If "Yes" please provide details:

.....

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Buscopan

Date

Have you ever had Buscopan before? Yes / No

Do you have any of the following?

Heart disease or Cardiac Problems: Yes / No

If yes, then please specify:

Glaucoma Yes / No

Myaesthesia Gravis Yes / No

Difficulty Passing Urine (male patients only) Yes / No

Previous allergy to Buscopan Yes / No

Acute Dilation of your Bowel Yes / No

Are you Breastfeeding Yes / No

Mechanical Stenosis of your GI Tract Yes / No

Paralytic Ileus Yes / No

****If yes to Mechanical Stenosis of GI Tract and paralytic Ileus and attending for MRI Small Bowel or CT Colonoscopy then Buscopan can still be given as per Radiologist protocol on CRIS****

Patient

I confirm the above information to be true

Patient Signature

Radiographer

Buscopan to be administered? Yes / No

Signature of MRI Radiographer

If yes to any of the above questions, seek advice from Radiologist.

Radiologist (if yes to any of the above and working outwith PgD)

Buscopan to be administered? Yes / No

Signature of Radiologist