

MRI Safety Screening Form

Name:

DOB:

NHI:

Height:

Weight:

Scan #:

	YES	NO
Have you had a previous MRI scan?		
Do you have or have you EVER had a cardiac pacemaker or ICD (<i>Implanted Cardioverter Defibrillator?</i>)		
Have you EVER had an eye injury involving a metallic fragment? <i>If yes, was it removed?</i>		
Have you ever had any brain/head, inner ear or eye surgery? <i>i.e. Aneurysm clip, ventricular shunt, cochlea implant, ocular implant</i> <i>Please list:</i>		
Have you ever had heart surgery or vascular procedures? <i>i.e. heart valve, vascular stent or graft</i> <i>Please list:</i>		
Have you ever had any other surgery/operations? <i>Please list surgery and date:</i>		
Do you have any metallic, electronic, magnetic or other implants / devices? <i>i.e. Joint replacement, drug infusion device, neurostimulator, shrapnel / bullets?</i> <i>Please list:</i>		

Do you have any of the following?	YES	NO
Tattoos, permanent cosmetics or permanent make up		
Medicated skin patches – <i>Nicotine, hormone or silver dressings</i>		
Body piercings or acupuncture needles, pellets / seeds		
Hearing aids		
Dentures or partial plate		
<i>Female Patients</i> Is there any possibility you might be pregnant or breastfeeding?		

Consent for MRI

To the best of my knowledge the answers above are accurate and true, and I give my consent to proceed with my MRI scan. By signing this form, you are confirming that we may collect, store and use your information in the manner set out in our [Privacy Policy \(https://camri.auckland.ac.nz/\)](https://camri.auckland.ac.nz/)

Signature: _____ **Date:** _____ **MRT's Initials:** _____

If you answer YES or are uncertain regarding any of the above, please contact us on (09) 303-5966 prior to your appointment.

COVID Q'S



Please Turn Over

Use of your Images

As a University, it may be useful to use your images (without your name or other identifying details) for all or some of the following purposes -

Education and training by Centre for Advanced MRI staff

Scientific publications, reports and presentations

University teaching

Publicity material for the Centre for Advanced MRI

The Centre for Advanced MRI website and websites of organisations we collaborate with (e.g. Siemens the manufacturer of the machine)

Publicity materials for non-profit organisations

Television documentaries or other public interest media

Databases that may be published on the internet

I give consent for my images to be used for the above purposes provided that all details that could allow me to be identified have been removed	YES	NO
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Signature:

Consent for Gadolinium

It may be necessary to give you an injection of contrast medium called Gadolinium. The contrast provides the radiologist with as accurate scans as possible. Gadolinium is a very safe drug and adverse reactions to it are rare. Some of the possible side effects can be:

- Slightly metallic taste during the administration of the contrast
- Other reactions may include mild skin reactions
- Any medication, whether given in a hospital or clinic, carries with it the risk of adverse effects including anaphylaxis.

Please ask a staff member if you require further information.

	YES	NO
Are you allergic to any medications? <i>Please List:</i>		
Do you have any kidney or liver disease, diabetes, high blood pressure or epilepsy? <i>Please circle if yes.</i>		
Do you give your consent for us to administer this contrast if requested by the radiologist?		
Patient Signature:		

THE REMAINDER OF THIS PAGE IS FOR OFFICE USE ONLY

Medication request and I.V Cannulation record

Medication	Dose	Cannulation	Given By	Dr	Signature	Cr/ eGFR	Date of eGFR