

# MRI Safety Screening and Consent Form



Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ / \_\_\_\_\_  
Weight: \_\_\_\_\_ Kg Female:  Male:

## Safety Information:

- The MRI scanner is a giant magnet; any metal can be dangerous to you and the machine. ALL metal and electronic objects must be removed prior to scanning.
- The MRI Scanner is loud; you will be required to wear earplugs and/or headphones.
- Heavy eye/face makeup can interfere with scans, please remove prior to scan.
- Please advise staff **IMMEDIATELY** if you experience any of the following during your scan: overheating, numbness, tingling or pain.

## Important Information

Your General Practitioner (GP)/Specialist has requested Universal Medical Imaging to perform an MRI Scan, which may require the insertion of a cannula and the injection of contrast/dye. This is an important part of the scanning process and assists the Radiologists in reporting your scan.

Standard MRI contrast is used at UMI. This is associated with very low risk of a reaction, however, like with most medical procedures, a minimal risk exists. Your risk with MRI contrast could change, if you have abnormal kidney function. You are encouraged to discuss any concern that you may have regarding your risk with the attending MR Technologist or Radiologist.

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### If yes to any of the below, please advise MRI staff immediately

- Yes  No Cardiac (heart) pacemaker or defibrillator
- Yes  No Diabetic: Diet Controlled / Oral tablets or / Insulin Injection (please circle)
- Yes  No Heart Disease
- Yes  No Kidney Disease/History
- Yes  No Ear Implant (eg. Cochlear or Stapes implants)
- Yes  No Stents, Coils or Filters in Blood Vessels, (eg. cardiac stent or IVC filter)
- Yes  No Aneurysm clips, or any vascular/aortic clamp, artificial Heart Valves
- Yes  No Electronic or mechanical implant or device (eg. Implanted medicine infusion pump, neurostimulator, spinal cord stimulator, penile implant)
- Yes  No CSF Shunt - Spinal or ventricular (programmable or other)
- Yes  No Have you ever had an eye injury that involved a metal object?
- Yes  No Artificial eye, eyelid spring, limb, or joint

- Yes  No Spinal fixation device, fusion, Harrington rods
- Yes  No Metal rod, plates, screws, nails, pins, or wires
- Yes  No Dental or Orthodontic appliances (eg. dentures, plates, braces, spacers, bridge)
- Yes  No Hearing aid, Hair pins, wig, or extensions
- Yes  No Medication patch (eg. nicotine, hormone, contraceptive, pain relief)
- Yes  No Body piercing or Tattoos of any kind

**Females only**

- Yes  No Are you pregnant
- Yes  No Breastfeeding
- Yes  No Breast Tissue expander
- Yes  No IUD or Diaphragm

1. Have you ever had an MRI?  Yes  No If yes, what and when: \_\_\_\_\_
2. Reaction to Contrast/Dye  Yes  No
3. Do you suffer from claustrophobia or suffer anxiety?  Yes  No
4. Have you EVER had any surgery, operations or heart procedures?  Yes  No  
 Type of surgery \_\_\_\_\_ Approximate Year \_\_\_\_\_  
 Type of surgery \_\_\_\_\_ Approximate Year \_\_\_\_\_
5. Have you had any other imaging (CT, Ultrasound, Xray or MRI) or treatment only on the area that we are scanning today?  Yes  No  
 If yes, please list:  
 Image/treatment \_\_\_\_\_ Approximate Year \_\_\_\_\_  
 Image/treatment \_\_\_\_\_ Approximate Year \_\_\_\_\_
6. What are your symptoms in relation to your scan today, and what do you think may have contributed to the problem? (Sport Injury, arthritis, fall etc)  
 \_\_\_\_\_
7. Do you have any allergies or any history of allergic reactions?  
 \_\_\_\_\_

I hereby declare that the information and record(s) provided as indicated above is true and correct to the best of my knowledge and agree that I have had the opportunity to discuss the procedure and ask questions relating to the safety and consent form. In addition, I agree to have a cannula inserted and the administration of contrast if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

*MRI Staff only:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_