MRI Screening Questionnaire

Failure to disclose information could lead to serious injury or death.

Patient / Volunteer (P/V) Details			
Name:		Date of Birth:	
Address:			

For Carers / Guardians (C/G) Answering the Questionnaire			
Name:		Contact Number:	
Relationship:		All persons entering the scan room **must** be screened	

Question (MR Environment)	P/V Yes	P/V No	C/G Yes	C/G No	Details / Comments
A1. Do you / have you had a cardiac pacemaker or implantable cardioverter defibrillator (ICD)?	☐	☐	☐	☐	
A2. Have you ever had surgery on your brain, head, spine, and/or heart (other than cataracts)?	☐	☐	☐	☐	
A3. Have you ever had any operations or procedures (including endoscopy or colonoscopy) that have left any metal, and/or artificial implants in you (including electronic, passive, and/or non-medical devices)?	☐	☐	☐	☐	
A4. Have you ever had metal fragments, bullets or shrapnel enter your body (including eyes)?	☐	☐	☐	☐	
A5. Have you ever swallowed a camera pill ("Pillcam") to investigate your bowel?	☐	☐	☐	☐	
A6. Do you wear any form of external/wearable medical device (e.g. drug delivery patches, glucose monitors, and/or hearing aids)?	☐	☐	☐	☐	
A7. Is there a chance you may be pregnant?	☐	☐	☐	☐	
A8. Do you have tattoos, irremovable piercings, metallic or magnetic hair or eyelash extensions?	☐	☐	☐	☐	

Question (GBCA) (Patients Only)	N/A ☐	Yes	No	Details / Comments
B1. Do you have any allergies?		☐	☐	
B2. Do you have asthma or COPD?		☐	☐	eGFR:
B3. Do you have kidney (renal) disease, diabetes, or any other renal impairment conditions?		☐	☐	Date:
B4. Do you have hypokalemia? (Primovist only)		☐	☐	mmol/kg
B5. Are you breastfeeding?		☐	☐	

Question (Consent)	Yes	No
C1. I consent that anonymised versions of the images and data from the study may be used for teaching, audit and ethically approved research which could benefit other patients	☐	☐
C2. I understand that the prescribed study specifies the use of drugs, including contrast agents, to make certain tissue and blood vessels show up more clearly, and I consent to their use.	☐	☐
C3. I confirm that the information I have provided is correct to the best of my knowledge, I understand the risks, and I consent to the scan proceeding. I understand that the scanner is loud, and I agree to use hearing protection as advised. Before entering the scan room, I will remove any loose metal objects from my person (including hearing aids) and remove makeup and/or change into metal free clothing as advised.		

Signature:		**Date:**	
MRI Operator Signature:			

Height (cm):		**Weight (kg):**		**Volunteer Ref.:**	

Department Use Only

It is the responsibility for health professionals to administer drugs within their competency and in accordance with the Patient Group Directive (PGD) for that drug.

Cannulation			
Cannulated by:		Location/s:	
Comments:			

PGD Notes	
Questions with respect to exclusion criteria for Gadolinium-based Contrast Agents (GBCAs) are provided with dispensation from Pharmacy. The content of the relevant and in date PGDs should be regarded for all administered drugs. **The following PGDs are relevant to the drugs administered for MRI routinely:**	
Name	**Document No.**
Gadoteric Acid Meglumine 0.5mmol/ml (e.g. Dotarem®, Clariscan®, Dotagraf®, Cyclolux®)	PGD-031
Gadoxetate Disodium (e.g. Primovist®)	PGD-037
Gadobutrol (e.g. Gadovist®)	PGD-040
Hyoscine Butylbromide (e.g. Buscopan®)	PGD-134
Sodium Chloride 0.9% (i.e. Saline)	PGD-181

Contrast and Other Drugs			
GBCA	Name:		
	mls	Lot/Expiry	/
	mls	Lot/Expiry	/
	mls	Lot/Expiry	/
	mg	Lot/Expiry	/
	mg	Lot/Expiry	/

Stickers/Notes

Administered by:		**Date:**	
Signature:			