



**Mater Misericordiae
University Hospital**

Sisters of Mercy
Eccles Street, Dublin 7, Ireland

**Ospidéal Ollscoil
Mater Misericordiae**

Siúrachá na Trócaire
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Not for prescription purposes

PATIENT SAFETY QUESTIONNAIRE AND MRI CONSENT FORM

Magnetic Resonance Imaging is a way of looking inside the body using radio waves, a large magnet and a computer. There are no X-rays involved. As this is a very large magnet, it is very important that you complete this questionnaire carefully. This will let the Radiographer know of any metal on or in your body, which may be a danger to you, or someone else, when entering the scanning room.

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Q1: Do you have a cardiac pacemaker or surgery on your heart?		
Q2: Have you ever had any surgery to your head or back?		
Q3: Do you have any eye, ear or breast implants?		
Q4: Have you had any metal fragments in your eyes, or have you ever worked with metal?		
Q5: Do you have, or have you had any metal fragments in any other part of your body, e.g. shrapnel, bullet, belly-ring etc?		
Q6: Could you be claustrophobic?		
Q7: Do you suffer with epilepsy?		
Q8: Do you suffer with diabetes or renal dysfunction?		
Q9: Do you suffer from any allergies?		
Q10: Could you be pregnant or are you breast -feeding?		
Q11: Have you had a previous MRI scan?		

Please tick which of the following items apply to you :

<input type="checkbox"/>	Aortic or vascular or aneurysm clips	<input type="checkbox"/>	Implanted drug pump
<input type="checkbox"/>	Artificial heart valve	<input type="checkbox"/>	Neurostimulators
<input type="checkbox"/>	Artificial eye or limb	<input type="checkbox"/>	Permanent cosmetic eye lining or tattoos
<input type="checkbox"/>	Bone or joint replacement	<input type="checkbox"/>	Penile Implant
<input type="checkbox"/>	Metal rods, plates or pins	<input type="checkbox"/>	Wire mesh, wire sutures or staples
<input type="checkbox"/>	Dentures or partial plates	<input type="checkbox"/>	Implanted cardiac defibrillator
<input type="checkbox"/>	Carotid clips	<input type="checkbox"/>	Any type of coil, filter or stent
<input type="checkbox"/>	Cochlear or ear Implants	<input type="checkbox"/>	Eyelid spring
<input type="checkbox"/>	Electronic monitoring device	<input type="checkbox"/>	Medication patch
<input type="checkbox"/>	Harrington rods	<input type="checkbox"/>	IV access port
<input type="checkbox"/>	Hearing aids	<input type="checkbox"/>	Shunt
<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Other implanted item in body

I have read, understood and completed to the best of my knowledge, the questions on this consent form and agree to be imaged.

Patient Signature _____ **Weight (kg)** _____ **Date** _____

Radiographer _____

'Commitment to Excellence'

Directors: Mr. John Morgan (Chairman), Fr. Kevin Doran, Mr. Eamon Clarke, Mr. Don Mahony, Sr. Margherita Rock, Mr. Martin Cowley, Prof. Conor O'Keane, Ms. Mary Day, Mr. Brian Conlan, Sr. Eugene Nolan, Dr. Anthony Clarke, Mr. Kevin Murphy, Dr. Nuala Healy, Ms. Caroline Pigott, Dr. Brendan Kinsley, Prof. Bill Powderly.

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