

CMC IMAGING SERVICES

MAGNETIC RESONANCE CONSENT FORM

TO BE COMPLETED BY ALL PATIENTS AND VISITORS BEFORE ENTERING THE MAGNETIC FIELD. PLEASE READ AND COMPLETE THIS FORM CAREFULLY. SHOULD YOU HAVE ANY QUERIES PLEASE SPEAK TO A MEMBER OF THE MRI STAFF. YOU MAY BE ASKED TO REMOVE ANY CLOTHING WITH METAL ON IT, SO PLEASE, IF AT ALL POSSIBLE ENSURE YOU ARE WEARING CLOTHES WITHOUT METAL BUTTONS AND ZIPS

NAME..... d.o.b...../...../.....WEIGHT.....

ADDRESS.....

PLEASE TICK IN THE RELEVANT BOX YES/NO	YES	NO	DETAILS/DATES
Do you have a PACEMAKER or ARTIFICIAL HEART VALVE ?			
Have you had any operation on your heart?			
Have you had any operations on your head? i.e. Aneurysm clips, cochlear implants for ears, shunt for hydrocephalus			
Have you had any operation on your spine? Do you have a neurostimulator fitted?			
Have you had any metal joint replacements or metal pins or plates or ANY recent operations (within last 3 months)			
Have you EVER had any metal go into your eyes, or shrapnel injuries, or metal piercing the skin?			
Do you have metal false teeth or a hearing aid? NB Crowns and fillings are safe			
Do you have an artificial eye or limb? Do you wear a calliper or corset			
Do you wear a skin patch? i.e. HRT/Heart/Nicotine Have you had breast surgery reconstruction?			
Do you have any body piercing or tattoos? Jewellery, except for wedding rings should be removed if possible			
Do you suffer from epilepsy or diabetes?			
FOR ALL WOMEN OF CHILDBEARING AGE a. Any possibility of pregnancy? b. Do you have a coil (IUCD) and for how long? c. Are you breast feeding d. Have you recently been sterilised?			

PLEASE REMOVE ALL METAL OBJECTS BEFORE ENTERING THE SCANNER. THE MACHINE IS A VERY POWERFUL MAGNET AND THESE ITEMS CAN CAUSE DAMAGE TO IT AND TO THEM. – COINS, CREDIT CARDS, WATCHES, JEWELLERY, LIGHTERS ETC

SIGNATURE OF PATIENT/GUARDIAN.....

DATE.....

STAFF SIGNATURE.....

DATE.....