

Magnetic Resonance Imaging Facility**MR PATIENT DECLARATION –****TO BE COMPLETED BEFORE EXAMINATION COMMENCES**

Please answer the following confidential questions by circling YES or NO to each one. Some of items mentioned may interfere with the quality of the pictures obtained during your scan and, in a few cases, can be hazardous to your safety.

If you do not understand any of the questions please ask a member of staff to help you.

- | | | | |
|----|--|---|--------|
| 1 | Do you have a pacemaker or artificial heart valve? | * | YES/NO |
| 2a | Do you have a hydrocephalus shunt? | * | YES/NO |
| 2b | If so, is it a programmable shunt? | * | YES/NO |
| 3 | Have you had any operations on your head? | * | YES/NO |
| 4 | Have you had any surgery to you head or body within the last 2 months? | | YES/NO |
| 5 | Do you have any joint replacements or metal implants? | | YES/NO |
| 6 | Have you EVER had metal in your eyes or worked with metal at high speed, e.g. in a machine shop? | * | YES/NO |
| 7 | Do you have any shrapnel from a war injury? | | YES/NO |
| 8 | Do you wear a false limb, caliper or brace? | | YES/NO |
| 9 | Do you have dentures, a dental plate or a hearing aid? | | YES/NO |
| 10 | Have you suffered from epilepsy or blackouts? | | YES/NO |
| 11 | Do you have any ear implants, e.g. cochlear? | | YES/NO |
| 12 | Have you had any history of kidney problems or renal dialysis? | | YES/NO |

Please note - If you have answered YES to any of the questions marked '*' please telephone the department on 0161 206 5836/275 0006, prior to your appointment date.

TO BE ANSWERED BY WOMEN OF CHILD BEARING AGE

- | | | | |
|---|--|---|--------|
| a | Do you have any intrauterine contraceptive device or coil? | | YES/NO |
| b | Could you be pregnant? | * | YES/NO |

I confirm that I have read the above questions and that my answers are correct to the best of my knowledge and belief.

Surname: _____ **Forename:** _____

D.O.B. _____

Address

_____ **Post Code** _____

Signed: _____

Date:

Radiographer witness: _____