

MRI Jersey — MRI Safety Form

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Full name: _____ Date of birth: _____

An MRI uses a strong magnet. Please answer every question. If unsure, tick Yes and tell the team.

Question	Yes	No
1. Have you had any procedures on your heart involving the fitting of a pacemaker, stents or pacing wires?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any operations on your head?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any magnetic, electronic or mechanical implants?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any operations in the last 6 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any metal plates, pins or joint replacements?	<input type="checkbox"/>	<input type="checkbox"/>
6. Epilepsy or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any drug patches, HRT, nicotine or blood sugar monitor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had an MRI scan before?	<input type="checkbox"/>	<input type="checkbox"/>

I confirm I have answered these questions to the best of my knowledge.

Signature: _____ Date: _____