



Spire

Washington Hospital

Picktree Lane  
Rickleton  
Washington  
Tyne and Wear, NE38 9JZ  
Tel 0191 415 1272  
Fax 0191 418 8696

# Request for MRI scan

Title  Surname

Occupation

First Names

Insured  Self Pay  Other

Address   
  
  
Postcode

Is pregnancy known or suspected? Yes  No   
IF YES, should examination proceed? Yes  No

Previous X-rays including MRI? Yes  No   
Year

Telephone number(s)   
Home  
Work

Ref Consultant

Hospital No.  Date of birth

To be reported by

**Area to be scanned:**

HEAD	ENT	SPINE	EXTREMITY	THORAX	ABDOMEN	PELVIC
Tumour CVA MS Pituitary Orbit Vascular	IAMs Salivary Glands Larynx TMJ Tumour Staging	Cervical Thoracic Lumbar	Shoulder Elbow Wrist Hip Knee Ankle	Lungs Mediastinum Cardiac Aorta	Liver Kidney Pancreas Aorta Other	Bladder Prostrate Rectum Uterus Other

**Clinical Details** (Provisional diagnosis, including previous operations and investigations)

What is the clinical question/problem you need to solve?

Consultant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Radiological Protocol**

**This section must be completed**

(Due to the strong magnetic field there are certain instances when MRI is contraindicated).

**Does the patient have any of the following:**

Cardiac Pacemaker? \_\_\_\_\_

Cranial Aneurysm Clips? \_\_\_\_\_

Orbital/Facial Metallic Fragments? \_\_\_\_\_

Prosthesis? (Ear implant, Spinal Cord stimulator etc.) \_\_\_\_\_

**OFFICE USE ONLY**

Examination date \_\_\_\_\_

Follow up date \_\_\_\_\_

# Magnetic resonance imaging safety questionnaire

MRI of the body does not use radiation but uses magnetism. Extensive evaluation has shown no long term effects related to MR imaging. However, the magnetic field can cause problems for patients with metallic implants and can cause damage to certain items, so please note, watches, hearing aids, electronic pagers, credit cards and such must not be taken into the scanner. If you are in any doubt please ask.

The following questionnaire is designed to identify metallic items within the body that may be unacceptable to the magnetic fields. You will be excluded from MRI scanning if you have a cardiac pacemaker, cochlear implants, aneurysm clips in the brain, neuro stimulators and metallic objects in the eye.

**Please answer the following questions which relate to metallic objects which may be in your body:**

1. What is your weight? \_\_\_\_\_
2. Have you **EVER** had any metal fragments in your eye? Yes  No
3. Have you ever had a previous MRI scan? Yes  No
4. Do you have a cardiac pacemaker or have you had heart surgery? Yes  No
5. Have you had any operations on your head or spine? Yes  No
6. Have any operations involved metal clips, pins, plates or implants? Yes  No
7. Was any of the surgery in the last 3 months? Yes  No
8. Have you ever had a fit/blackout or suffered from epilepsy? Yes  No
9. Are you or is there any possibility that you may be pregnant? Yes  No
10. Are you breast feeding? Yes  No
11. Do you wear any skin patches, i.e. HRT? Yes  No
12. Do you have a programmable hydrocephalus shunt? Yes  No
13. Are your kidneys functioning normally? Yes  No
14. Have you, or are you waiting for a liver transplant? Yes  No

**If you have answered YES to question 2 (and for female patients, YES to questions 9 and 10) please contact the X-ray Department immediately.**

**By signing below you acknowledge that you have answered the above listed questions.**

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Radiographer's Signature:** \_\_\_\_\_