



## STRONG MAGNETIC SAFETY QUESTIONNAIRE

### IMPORTANT

Please be aware that this MRI Unit uses an extremely powerful magnetic field which may be hazardous to certain individuals entering it. Read the questions carefully and answer them as accurately as possible. Listen carefully to all instructions given regarding your scan preparation.

If you do not understand the questionnaire, please ask the MRI radiographer to explain it to you before entering the MRI environment.

Name	Date of birth	Weight

<b>Section A</b>	<b>Yes</b>	<b>No</b>	<b>Do not understand</b>
<b>Please indicate if you have any of the following:</b>			
1. A cardiac pacemaker, pacing wire or defibrillator?			
2. An aneurysm clip (metal clip put around a blood vessel)?			
3. A cardiac valve replacement?			
4. An electrical stimulation device for nerves, bone or brain?			
5. Ear or eye implants e.g. cochlear implants?			
6. A shunt inserted (spinal or intraventricular)?			
7. An implanted insulin, drug or infusion pump?			
8. A coil, stent, catheter or filter in any blood vessel?			
9. Any metal fragments in your body e.g. bullets, shrapnel, pellets etc?			
10. Any metal fragments in your eyes due to welding or grinding of metal?			
11. Any other magnetic/electronic/plastic/medical device or other devices within or on your body?			

<b>Section B</b>	<b>Yes</b>	<b>No</b>	<b>Do not understand</b>
1. Do you have any metal plates, screws, pins or artificial joints?			
2. Do you have any prosthesis or implants?			
3. Do you have any body piercings?			
4. Are you wearing a medication patch e.g. nicotine, nitro-glycerine patch?			
5. Do you wear braces, dentures or dental plates?			
6. Do you wear a hearing aid?			
7. Are you or could you be pregnant?			

<b>Section C</b>	<b>Yes</b>	<b>No</b>	<b>History of previous surgery</b>
Do you suffer from any of the following?			
1. Diabetes			
2. Epilepsy			
3. Asthma			
4. High or low blood pressure			
5. Kidney disease			
6. Claustrophobia			

### Acceptance and Disclaimer of Liability

I confirm that I have read and understood this safety questionnaire and that I have answered the questions as accurately as possible and to the best of my knowledge.

I further hereby hold Bergman Ross and Partners Inc, its partners and staff harmless against any claims, loss or other damages howsoever arising.

Patient / Parent / Legal guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Radiographer's Signature \_\_\_\_\_ Date \_\_\_\_\_