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Please complete the following questionnaire necessary for your safety.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the patient ever had a metallic foreign body in the eye?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the patient have:
<input type="checkbox"/>	<input type="checkbox"/>	• cardiac pacemaker, wires or defibrillator (ABSOLUTE CONTRAINDICATION)?
<input type="checkbox"/>	<input type="checkbox"/>	• cerebral aneurysm clip (ABSOLUTE CONTRAINDICATION)?
<input type="checkbox"/>	<input type="checkbox"/>	• ocular (eye) or cochlear (ear) implant (ABSOLUTE CONTRAINDICATION)?
<input type="checkbox"/>	<input type="checkbox"/>	• artificial cardiac valve? If YES, make and model?
<input type="checkbox"/>	<input type="checkbox"/>	• electrical stimulator for nerves and bones?
<input type="checkbox"/>	<input type="checkbox"/>	• any kidney disease?
<input type="checkbox"/>	<input type="checkbox"/>	• shrapnel/bullets?
<input type="checkbox"/>	<input type="checkbox"/>	• stent, coil, catheter, filter, or a shunt?
		Explain
<input type="checkbox"/>	<input type="checkbox"/>	• orthopedic hardware (pins, rods, screws, nails, plates, or wires)?
		Explain
<input type="checkbox"/>	<input type="checkbox"/>	• any other implanted device?
		Explain
<input type="checkbox"/>	<input type="checkbox"/>	• dentures, partial plate or braces?
<input type="checkbox"/>	<input type="checkbox"/>	• tattoo or tattooed eyeliner?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the patient had recent surgery? If yes, when and for what?
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the patient pregnant or nursing?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the patient claustrophobic?
<input type="checkbox"/>	<input type="checkbox"/>	6. How much does the patient weigh? (max. weight allowed 350 lbs)

The following items must be removed before entering the MR scan room

- removable dental work
- body piercing
- hair accessories (including wigs)
- jewelry (including watch)
- wallet, coins, credit cards
- eye glasses
- brassiere
- any other metallic object
- any excessive mascara
- all patches (nicotine or nitrol)

Please wear the clothing provided for your safety

I attest that the above information is correct to the best of my knowledge, and I agree to have an MRI scan.

Patient Name/Signature _____

Date _____