Patient Label:

IMPORTANT

You must read and complete this questionnaire. It is very important; as some things that could go into the MRI can either be very **Dangerous** to you, or will reduce MMI's ability to obtain images suitable for your possible treatment. You MUST remove all objects from your body. This will include hearing aids, jewelry, phones, Wallets, Bra etc. No study will be performed unless they are confirmed safe by MRI staff. This is for your own safety. Please consult with the MRI Technologist if you have any questions or concerns **BEFORE** you enter the MRI scan room.

Do you have or ever had a Cardiac pacemaker/defibrillator or wires	Yes		No	
Do you have a Brain Aneurysm that has had either clips or Coils inserted	Yes		No	
Breast Tissue Expanders (not implants or portacaths)	Yes		No	
Cochlear Implant	Yes		No	
Staplectomy-staples implant (treatment for hearing loss)	Yes		No	
Do you have or ever had a neurostimulator (surgically implanted pain relief)	Yes		No	
Stents or coils elsewhere in your body	Yes		No	
Do you have any implanted device? E.g. implanted Insulin pump, Catheters with Sensors I.e. Swan Ganz, Bladder Catheter.	Yes		No	
Shunt (drains fluid from brain or spine)	Yes		No	
If you have a shunt is it programmable	Yes		No	
Could you be pregnant	Yes		No	
Are you breast feeding	Yes		No	
Do you have Stents, Coils or Valves in your Heart	Yes		No	
Body Piercing	Yes		No	
Bullet or metal (Shrapnel) injury to your head or body	Yes		No	
If yes: provide details.				
Have you ever received Dialysis for Kidney (renal) Failure	Yes		No	
Have you ever had Surgery to your Kidney	Yes		No	
Are you diabetic	Yes		No	
Do you have any Autoimmune diseases or disorders i.e. Lupus	Yes		No	
Are you Allergic to CT or MR Contrast	Yes		No	
Do you have Asthma	Yes		No	

Contrast (Dye) injections may be required to complete your MRI examination; This does not mean there is anything wrong. MMI will only recommend the use of the dye if it will help in your treatment or possible diagnosis. There can be side effects but they are extremely unusual. As with any medical procedure, there are still risks. The chance of a serious life-threatening reaction is less than 1 in 200 000.

I acknowledge that to the best of my understanding the above answerers are correct and true. I consent to the MRI examination and for Contrast (Dye) injections if is required to complete my examination:

Signature of person completing form: ______________________________Date____________________

Form Completed by: (please tick)

Patient		Relative		Nurse		MRI Staff	

Department Use Only: Form reviewed with visual & verbal checks by performing Radiographer: Staff Signature: ___________________________	Department use only: Contrast label • Staff initial need to be on contrast label • Injection site and route need to be documented on label

Patient Label:

WHEN DID THE SYMPTOMS BEGIN? (give date if known)

HOW DID THE SYMPTOMS START? (Please tick)

Suddenly ☐ Gradually ☐

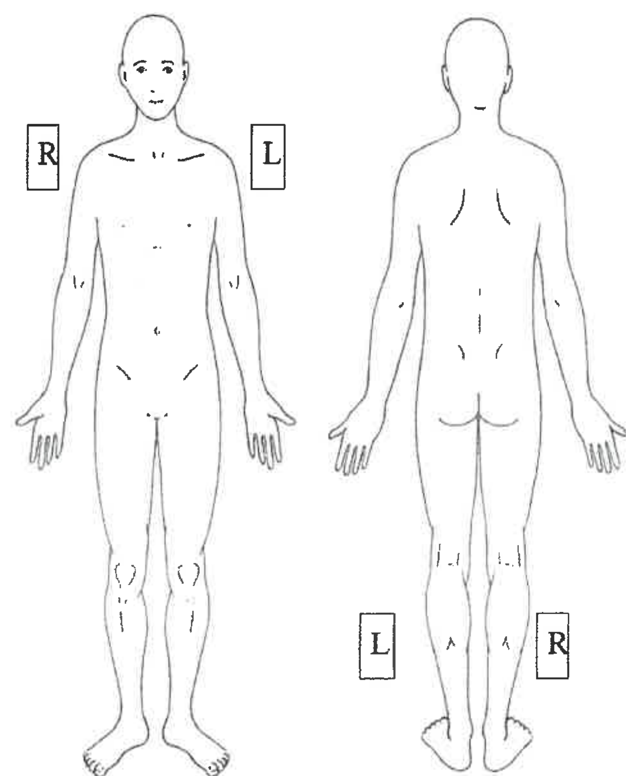
- Describe the how the problem started or was caused by?

- If intermittent, when did the current episode begin?

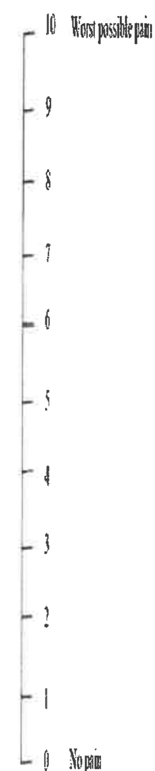
Previous medical Problems. (Please tick)

Have you had surgery to the area we are imaging today	Yes		No	
If yes: what type or the name of surgery				
Do you have a history of Cancer	Yes		No	
If yes: provide details.				
Have you had **Radiation Therapy**	Yes		No	
If yes: date if known and what was treated				
Have you had **Chemotherapy**	Yes		No	

*Shade the diagram the **exact site of the pain.**



Rate your pain.



What are your symptoms? (please tick)

Pain		Locking	
Stiffness		Feel un-stable	
Swelling		Colour change	
Lump		Altered Sensation	
Clicking or Clunk-ing		Limited movement	

Describe the *type* of pain:

Aching [ ] Throbbing [ ]

Sharp [ ] Stabbing [ ]

Burning [ ] Freezing [ ]

Tingling [ ] Crawling [ ]

Electric shock-like [ ]

WHAT PROVOKES YOUR SYMPTOMS? (Please tick)

Sitting ☐	Standing ☐	Twisting or turning ☐	Running ☐	Rapid change of direction ☐
Stairs ☐	Lifting ☐	Stretching ☐	Straining ☐	Coughing or sneezing ☐

Do any other specific movements or activities cause trouble?

Radian
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