

MRI OFFICE USE ONLY



barwon medical imaging

APPOINTMENTS / ENQUIRIES

T 03 4215 0320 F 03 4215 0321

www.barwonmedicalimaging.com.au

PATIENT SAFETY QUESTIONNAIRE FOR MRI

Please read and answer the questions as fully as you can. Do not hesitate to ask questions if you are unsure about anything. Please bring the completed form with you to your MRI appointment.

PATIENT DETAILS

Name _____ UR No _____

Date of Birth ____/____/____ Weight _____ Height _____

DO YOU / HAVE YOU HAD:

- | | |
|--|---|
| CARDIAC PACEMAKER/EPICARDIAL WIRE/
IMPLANTED CARDIAC DEVICE | Y <input type="checkbox"/> N <input type="checkbox"/> |
| CEREBRAL ANEURYSM CLIP/
CEREBRAL VASCULAR CLIP/COIL | Y <input type="checkbox"/> N <input type="checkbox"/> |
| COCHLEAR / STAPES IMPLANT IN EAR? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| ENDOSCOPY CAPSULE | Y <input type="checkbox"/> N <input type="checkbox"/> |
| METAL INJURY TO EYES? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| STENT(S), COILS OR FILTERS IN YOUR
HEART OR BLOOD VESSELS | Y <input type="checkbox"/> N <input type="checkbox"/> |
| HEART VALVE REPLACEMENT | Y <input type="checkbox"/> N <input type="checkbox"/> |

*If you answered "yes" to any of the above questions
you may not be safe to have an MRI scan.
Please ring us to discuss these questions*

Technologists

1. _____ 2. _____

HAVE YOU HAD:

- | | |
|------------------------------|---|
| Surgery on your head? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Surgery on your heart/chest? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Surgery on your back? | Y <input type="checkbox"/> N <input type="checkbox"/> |

Are you claustrophobic (find enclosed spaces
uncomfortable)? *If yes please ring prior to
appointment.* Y N

Have you had an MRI scan before? Y N

If so when & where? _____

DO YOU HAVE ANY OF THE FOLLOWING:

- | | |
|--|---|
| Brain Shunt Tube with magnetically activated valve | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Bullets or shrapnel in your body? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Electronic devices implanted? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Any type of prosthesis | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Pins / plates/ screws/ rods in bones | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Tattoos? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Body piercing jewellery? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Magnets on your body? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Hearing aids? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Dentures / false teeth / partial plate? | Y <input type="checkbox"/> N <input type="checkbox"/> |

DO YOU SUFFER FROM:

- | | |
|--|---|
| Asthma | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Kidney disease | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Hypertension | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Blood disorder | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Diabetes | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you had an allergic reaction to medication
or contrast media (x-ray dye) | Y <input type="checkbox"/> N <input type="checkbox"/> |

Details _____

FEMALE PATIENTS ONLY

Is there a possibility you may be pregnant? Y N

Are you breastfeeding? Y N

Signed (patient) _____

Signed (RN) _____

You can choose your imaging provider

bmi Your Health | Your Service | Your Choice



MEDICAL IMAGING SPECIALISTS

- | | | |
|--|--|--|
| Assoc. Professor Andrew Whan - MBBS, FRANZCR | Dr Dickson Ma - MBBS, FRACP | Dr Shalini Amukotuwa - MBBS, FRANZCR |
| Dr Donald Robertson - MBBS, DDR, FRANZCR | Dr David Lun - MBBS, FRANZCR | Dr Sarah Rosalie - MBBS, FRANZCR |
| Dr Peter Morris - MBBS, FRANZCR | Dr Colin Styles - MBBS, FRACP, FRANZCR | Dr Giles Craig - MBBS, FRANZCR, FAANMS |
| Dr Jeffrey Cameron - MBBS (Hons), FRANZCR | Dr Charuta Dagia - MBBS, MD, FRCP, FRANZCR | Dr Steve Landers - MBBS, FRANZCR |
| Dr Andrew Owen - Bsc, MRCP, FRCP, FRANZCR | Dr Nicholas Calver - MBBS, FRANZCR | Dr Seamas Jones - MBBS, FRANZCR |

LOCATIONS

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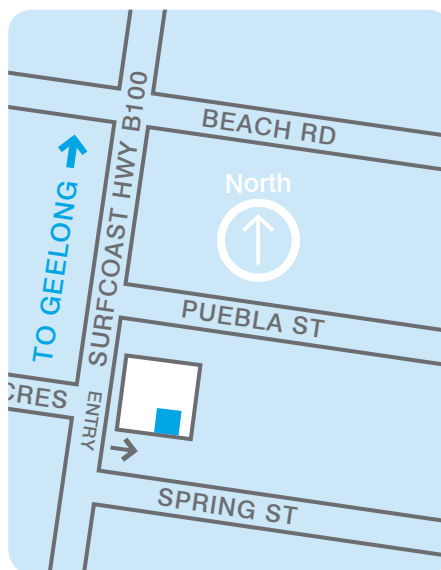


GEELONG HOSPITAL

Ryrie Street, Geelong 3220

GEELONG PRIVATE HOSPITAL

Bellerine Street, Geelong 3220



TORQUAY COMMUNITY HEALTH CENTRE

100 Surfcoast Hwy, Torquay 3228



McKELLAR CENTRE

45-95 Ballarat Road, North Geelong 3215

APPOINTMENTS / ENQUIRIES

(Please specify your preferred imaging location)

T 03 4215 0300 F 03 4215 0447

E bmi@barwonhealth.org.au

SERVICE DIRECTORY

	PET/CT	CT	Ultrasound	Nuclear Medicine	MRI †	Angiography	X-Ray	OPG/Dental	Mammography	Biopsy	Intervention
GEELONG HOSPITAL	•	•	•	•	•	•	•		•	•	•
GEELONG PRIVATE HOSPITAL		•	•				•	•			
TORQUAY COMMUNITY HEALTH CENTRE							•				
McKELLAR CENTRE			•				•				

† After hours access to MRI via Ryrie Street entrance only