

## MRI Safety Checklist

**Contraindications to MRI**

- Cardiac pacemakers
- Implantable defibrillator
- Intracranial aneurysm clips or other intracranial implant
- Programmable hydrocephalus shunt
- Cochlear implant

**Patient details**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**CHI No:** \_\_\_\_\_

MRI Safety Checklist	Please circle
Has the patient had head surgery? <i>(e.g. aneurysm clips, cochlear implants, etc)</i>	Yes ___ No ___
Has the patient had heart surgery? <i>(e.g. cardiac pacemaker, stents, coils, wires, etc)</i>	Yes ___ No ___
Has the patient had any other operation?	Yes ___ No ___
Has the patient ever had an eye injury caused by metal ? <i>(e.g. grinding/welding accident)</i>	Yes ___ No ___
Has the patient had shrapnel injuries ?	Yes ___ No ___
Is the patient pregnant ?	Yes ___ No ___
<b>MUST BE COMPLETED ACCURATELY</b>	

Send completed form with headache referral to virtual clinic:  
[elaine.johnston@southerntrust.hscni.net](mailto:elaine.johnston@southerntrust.hscni.net)