

# Questionnaire

Please read and complete the following questions and bring with you on your appointment day.

1. Do you have a cardiac (heart) pacemaker? Yes  No

2. Have you ever had any other operations on your heart? Yes  No

If 'Yes', please give details.

[Redacted area for question 2 details]

3. Have you ever had metal fragments in your eyes? Yes  No

If 'Yes':

did you see a doctor or get medical advice? Yes  No

If 'Yes', did the doctor tell you that everything had been removed? Yes  No

4. Do you have a programmable hydrocephalus shunt (to remove fluid on the brain)? Yes  No

5. Do you have a cochlear (ear) implant? Yes  No

If you have answered 'Yes' to any of the questions above – 1-5; are pregnant/breast-feeding or weigh over 21 stone (133kg) – please contact the Unit where your scan will take place.

It is important you do this before your appointment.

The phone number to use, will be found on your appointment letter.

6. Have you had any operations on your head? Yes  No

If 'Yes', please give details.

[Redacted area for question 6 details]

7. Have you had any operations on your spine? (neck or back)? Yes  No

If 'Yes', please give details.

[Redacted area for question 7 details]

8. Have you ever had any shrapnel injuries (fragments of metal) to the body? Yes  No

If 'Yes', please give details.

[Redacted area for question 8 details]

9. Have you had any operations which involved metal clips, pins, plates or implants? Yes  No

If 'Yes', please give details.

[Redacted area for question 9 details]

10. Have you had any surgery in the last three months? Yes  No

If 'Yes', please give details.

[Redacted area for question 10 details]

11. Do you suffer from epilepsy or have you ever had a fit or blackout? Yes  No

12. Do you wear a medicine patch (for example, nicotine, contraceptive or angina patch)? Yes  No

13. Do you have any tattoos, permanent cosmetics or body piercings? Yes  No

I confirm that I have read and understood the questions above.

Your signature:

Date:

Radiographer's signature:

Date: