



## SCIN NHS Scotland MRI paper referral form

This is a medical handover so please provide all information requested. Unless there is a justified reason not to, the patient should be asked these referral questions. Please note that any information that is incorrect or missing from this form could result in injury to the patient or cause a delay to their MRI scan. If, despite best efforts, information on the make or model of an implant cannot be obtained, please detail all attempts made to obtain this information and any known information such as the hospital and date that each device was implanted.

If you are unsure of your responsibilities as an MRI referrer then please log into Turas and complete the e-learning module for [MRI Safety Training for MRI Referrers](#).

**Please note:**

- The patient may require preparation prior to their MRI to remove all MR Unsafe equipment such as infusion pumps, syringe drivers or ECG electrodes.
- If the patient wears a medicine patch or monitor (e.g. glucose monitor, contraceptive patch, or angina patch) then please warn them they will need to remove this for their MRI scan.
- If a patient is over 18 stone (114 kg) then please include the patient's weight in the referral as this will determine the most appropriate MRI scanner for the patient.
- MRI requires the patient to lie flat and still, please consider this when deciding if MRI is appropriate for your patient.

Referrer name, grade, and speciality:

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Referrer contact details (phone or email):

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		Yes	No
1	Is the patient capable of accurately providing a full clinical history? <i>If 'No', follow local health board's process for these patients.</i>		
2	Does the patient have any additional communication needs? (e.g. interpreter/signer, learning difficulty)? <i>If 'Yes', please detail below:</i>		
3	Can the patient get onto the scanning table unaided (e.g. can the patient take a few steps up unaided, or do they need a hoist, require a wheelchair, or have any additional mobility needs)? <i>If 'No', please detail the patient's mobility needs below:</i>		
4	Does the patient have or has ever had a pacemaker, implantable defibrillator, or cardiac resynchronisation therapy device? <i>If 'Yes', please provide the make and model of all devices currently in situ, including any abandoned wires.</i>		
5	Does the patient have or has ever had any electronic or magnetic implants? (e.g. Neurostimulator, Cochlear implant, Programmable shunt, Drug delivery pump, Breast/tissue expander, Expanding orthopaedic implant, Magnetic prosthetic attachment) <i>If 'Yes', 'Please provide the make and model of the electronic or magnetic implants currently in situ, including any abandoned components.</i>		
6	Has the patient ever had an intracranial aneurysm clipped or treated? <i>If 'Yes', please provide the make and model of all aneurysm clips currently in situ and the date and location of implantation.</i>		
7	Has the patient ever had metal enter the body, including the eyes, in a non-medical context (e.g. metal fragments, bullets or shrapnel injuries)? <i>If 'Yes', please provide as much information as possible on the metallic object(s) including; where in the body it is, how long it has been in situ and what the metallic object is - including the metal(s) it contains.</i>		

		Yes	No
8	Does the patient have any other metallic implants in or on the body not mentioned above (e.g. stents, external fixation devices)? <i>If 'Yes', please detail what these implants are and where they are located in the body.</i>		
9	Is the patient known to be pregnant?		
10	Does the patient have diabetes, kidney disease, kidney transplant or a previous reaction to contrast?		
11	Any other pertinent information to MRI? This could include patient weight, body modifications or claustrophobia.		