MRI PATIENT SCREENING FORM

The information requested on this form is ***very important***. Please answer ***all*** questions as thoroughly as possible.
The person completing this form is responsible for the accuracy of the requested information.

Patient Name: _____ **Appointment Date:**_____
Date of Birth:_____ **Weight:**_____

YES	NO		YES	NO	
		Cardic Pacemaker - **NOTIFY TECH**			Breast Tissue Expander
		Implanted Cardiovascular Defibrillator			Penile Implant
		Implanted Cardic Event Monitor			Neuro-Stimulation System
		Stent, Coil or Filter; Location: Date:			Bone Growth/Bone Fusion Stimulator
		Aneurysm Clips Location:			Middle Ear/Cochlear Implant
		Surgical Staples, Clips or Metallic Sutures			Left Right Both
		Carotid Artery Clips Date:			Prosthesis of:
		Internal electrodes or wires			Joint, Extremities or Eyes
		Eyelid Spring or Wire			Date:
		Artificial Heart Valve Date:			Implanted Drug Infusion Pump
		Hearing Aid			Medication Pump
		I.U.D. (Interuterine Device)			Metal Fragments (Shrapnel or gunshot Wound)
		Shunt: Spinal or Ventricular			Location: Date:
		Fractured bones or spine treated with:			Magnetically Activated Implant or Device?
		Metal Rods Date:			Allergic Reactions to IV Contrast?
		Metal Plates Date:			Renal Insufficiency or Decreased Function
		Metal Pins Date:			Are you Pregnant?
		Screws Date:			Are you Breast Feeding?
		Medication Patch			Tattoos/Permanent Makeup Location:
		Metal in eyes: Left Right Both			Body Piercing Location:
		Sickle Cell Anemia			Other Implants Location:
		EKG leads or test done recently			Wig or Hairpiece

No one should enter the MRI scan room with any of the following items:

● Watch ● Metal Zippers ● Firearms ● Removable Dental Work ● Hearing Aid ● Keys/Coins ● Pocket Knife ● Hairpins/Accessories ● Pens/Pencils ● Belt Buckle ● Bra ● Purse/Wallet/Money Clip/Credit Cards

Signature of person completing form X_____ **Date:**_____

Form completed by: ☐ Patient ☐ Relative

MRI STAFF: Signature of person reviewing form: X_____

Were plain films obtained? _____ Films cleared by:_____