

MRI Patient Screening Form

Magnetic Resonance Imaging (MRI) uses a powerful magnetic field to produce very clear images of the human body. When you are in the scan room any metallic objects on or within your body could be affected by the magnetic field. Therefore, all individuals are required to fill out this form before entering the MRI scan room.

Be advised, the MRI MAGNET is ALWAYS on. (Please fill out completely)

Today's Date: _____

Patient's Name: _____ Age: _____ Weight: _____

Date of Birth: _____ Male Female Body part to be examined: _____

Reason for MRI and/or symptoms: _____

Have you taken any sedation for this exam: Yes No If so, what? _____ when? _____

If Yes, do you have a driver with you today? Yes No

Please indicate by checking YES or NO for each of the following:

Have you ever had a surgical procedure or operation of any kind? Yes No
If yes, please list ALL surgeries that you have EVER had in your lifetime:

Have you ever worked as a machinist, grinder, welder, or have you ever had any injuries to the eye involving a metallic object (shavings, slivers)? If yes, please describe: Yes No

Have you ever been injured by a metallic foreign body (bullet, BB, shrapnel, etc.)? If yes, please describe: Yes No

MRI Contrast History

Have you ever had MRI contrast? Not applicable to exam Yes No
Did you have any kind of reaction? Yes No

If yes, explain: _____

- **Are you diabetic?** Yes No
- **Do you have any history of hypertension?** Yes No
- **Do you have any history of kidney (renal) insufficiency or failure?** Yes No
- **Are you currently on dialysis?** Yes No

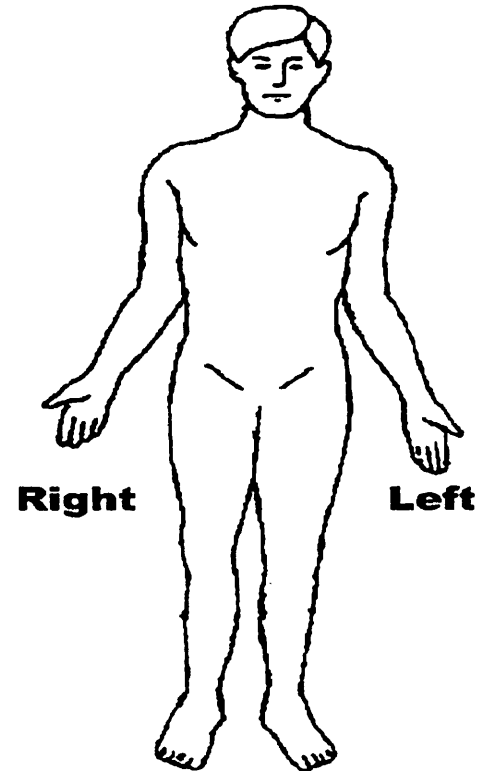
Remove all metallic objects before entering the MRI scan room including: hearing aids, pager, cell phone, keys, coins, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, ATM cards magnetic strip cards, pens, pocket knife, nail clipper, and steel-toed boots/shoes. Loose metallic objects are especially prohibited in the MRI scan room and MRI environment. Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MRI scan room.

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination.

Please check the correct answer for each item:

If any of the next 4 questions are marked yes Patient can NOT have MRI

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac pacemaker
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted cardiac defibrillator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neurostimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bone growth/fusion stimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aneurysm clip(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Carotid artery vascular clamp
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insulin or infusion pump
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted drug infusion device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cochlear, otologic, or ear implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any type of prosthesis (eye, penile, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Artificial limb or joint (replacement)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthopedic pin, screw, nail, wire, plate, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgical staples, clips, metallic sutures
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrodes (on body or head)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stents, filters, or coils (i.e. for blood clots)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shunt (spinal or intraventricular)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swan-Ganz catheter
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication patch (Nitro, hormone, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	IUD or diaphragm
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal pacing wires
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Metal or wire mesh implants (i.e. hernia repair)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing aids (Remove before MRI)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dentures/partials or Retainers (Remove before MRI)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Body piercing(s), (Remove before MRI)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hair pins, wig, hair piece (Remove before MRI)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattoos/permanent makeup (eyeliner, lips, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy or breastfeeding
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Claustrophobia
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previous spine surgery (neck/back)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of Cancer/Tumors
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any surgeries in past 6 weeks
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug allergies, list: _____



Yes No Have you ever had a spinal stimulator/ neuro stimulator?

Please mark on the figure above, ALL locations of implants or metal inside or on your body

I, the undersigned, have answered the above questions accurately. I understand all metallic objects including: jewelry, credit cards, hair pins, watches, phones, pagers and dentures must be removed prior to entering the MRI scan room. A secure location will be provided for my personal belongings. I also will be asked to wear earplugs and /or headphones for my personal hearing protection.

Signature of Patient: _____ (Print Name): _____ Date: _____ Time: _____

Form completed by: Patient Nurse Relative Other

Signature of Person completing form: _____ Date: _____ Time: _____

Form Info Reviewed by: MRI Tech Nurse Radiologist Other

Signature: _____ (Print Name): _____ Date: _____ Time: _____