

MRI SCREENING SHEET

Name: _____ DOB: _____ Weight: _____ Height: _____

Exam: _____ Prior surgery to this area? Yes or No

Please indicate if you have any of the following:

Cardiac Pacemaker	Yes	No
Implanted Defibrillator	Yes	No
Artificial Heart Valve	Yes	No
Brain Aneurysm Surgery/Clips	Yes	No
Eye Surgery (cataract lenses are ok)	Yes	No
Inner Ear Surgery (Cochlear, Stapes, or Otologic Impants)	Yes	No
Implanted Drug Infusion Device	Yes	No
Shunt (Intraventricular)	Yes	No
Penile Implant	Yes	No
Hearing Aid	Yes	No
Medication Patches (Transdermal)	Yes	No
Joint Replacements	Yes	No
Vascular Stents, Filters, Coils, or Grafts	Yes	No
Spinal Cord/Neuro Stimulator	Yes	No
Bladder Stimulator	Yes	No
Body Piercings	Yes	No
Any metallic foreign body (i.e. bullet, pin, nail, shrapnel)	Yes	No
Any other Implanted Electrical or Mechanical Device	Yes	No
Have you ever been diagnosed with Cancer?	Yes	No
Have you had ANY surgeries in the last 8 weeks?	Yes	No
Are you claustrophobic?	Yes	No
Any possibility you could be pregnant?	Yes	No
Are you breastfeeding?	Yes	No
Removable Bridgework or Dentures	Yes	No

(If yes, notify the staff immediately!)

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Explain: _____

Explain: _____

(If yes, is it programmable?)

Must be removed before entering scan room

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Body Part: _____ When: _____

Explain: _____

Where: _____

Type: _____

Type: _____

Have you ever had a job or hobby that involved grinding metal? Yes No

Have you ever had an injury to your EYES with metal particles or fragments? Yes No

Have you had any prior studies related to today's exam (same body part)? Yes No

If yes, where and when? _____

Contrast Patients:

Have you had blood work in the last 8 weeks? Yes No

Any history of kidney disease or renal failure? Yes No

Are you diabetic? Yes No

When: _____ Where: _____

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure(s) that I am about to undergo.

Patient Signature: _____ **Date:** _____

Technologist Signature: _____ **Date:** _____