



Please complete Page 1 and bring to the exam

MRI PROCEDURE SCREENING FORM

Print Name: _____

Date: _____ Exam: _____ Height _____ ft _____ in. Weight _____ lbs.

Due to strict safety requirements all patients are required to be screened prior to each exam ordered

THE FOLLOWING ITEMS MAY BE HAZARDOUS OR MAY INTERFERE WITH THE MRI EXAMINATION BY PRODUCING AN ARTIFACT OR MORE IMPORTANTLY CAUSING INJURY TO YOU

Yes No

Have you ever performed ANY metal work such as grinding, welding, drilling, or welding?
It does not matter how long ago or how much work or exposure.

Have you ever had any metal fragments, slivers, or shavings removed from your eyes?
It does not matter how long ago.

Any implanted metallic item(s): Type: _____
(i.e., pins, rods, screws, nails, clips, plates, wires, dental, etc.)

Gunshot or shrapnel wounds

Previous Heart Surgery - Valves, Stents, or specify: _____

Do you have a pacemaker, defibrillator, or pacer wires?

Brain Surgery Type: _____

Cerebral Aneurysm clips

Implanted Devices

- | | | |
|-----------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Insulin Pump | <input type="checkbox"/> Baclofen Pump | <input type="checkbox"/> Neuro or biostimulator |
| <input type="checkbox"/> Drug Infusion Device | <input type="checkbox"/> Other | <input type="checkbox"/> Intraventricular Shunt |
| <input type="checkbox"/> Swan-Ganz catheter | <input type="checkbox"/> Vascular Access Port | <input type="checkbox"/> Vascular Stent or Filter |

Eye Surgery, please specify: _____

Any type inner ear surgery: Stapes, cochlear, tubes, ear drum repair or: _____

Hearing Aid _____

Are you pregnant or do you suspect that you are pregnant, If yes, date of last menstrual cycle: _____

IUD/Diaphragm: Type: _____
exact model/style number

Currently Breastfeeding If so, must discontinue breast feeding for 72 hrs after exam is completed if contrast is used

Penile Prosthesis: Type: _____
exact model/style number

Transdermal medical patch: Nitro Patch Nicotine Patch Testosterone Birth Control Other

Body Piercings

Tattoos of any type (A small percentage of patients with tattooed eyeliner have experienced transient skin irritation in association with MRI. Therefore, you must decide if this slight risk warrants undergoing your MRI exam. You may want to discuss this matter with your physician.)

Are you Claustrophobic? If Yes, you may wish to contact your physician for a prescription.

Surgery in the past 6 weeks: If "Yes" please list: _____

List all previous surgeries: _____

List current medications: _____

Allergies: _____

Signature of Patient or Legal Representative _____

Witness Signature (Required) _____

