

## MAGNETIC RESONANCE (MRI) PRE-SCREENING FORM FOR PATIENTS

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_ MALE or FEMALE

**WARNING:** Before entering the scan room you must remove ALL METALLIC objects to include:

Hearing aids, dentures with metal, partial plates, keys, pagers, cell phones, watches, safety pins, coins, pens, tools and clothing with metallic fasteners. Any other items that could become a projectile due to its metallic properties, need to be removed.

*This protocol is to insure safety for everyone in the MRI Department.*

**Have you had ear, eye, brain, or heart surgery? Please circle:** YES NO

If yes, please list: \_\_\_\_\_

**PLEASE CIRCLE YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS:**

YES	NO	Any implanted electronic medical devices	YES	NO	Claustrophobic
YES	NO	Cardiac Pacemaker, Implanted Defibrillator	YES	NO	Currently in a cast or splint
YES	NO	Electrical nerve or bone stimulator	YES	NO	Prosthetic devices (eye, limb, penile implant)
YES	NO	External or internal drug pump (insulin, pain pump, chemotherapy)	YES	NO	Any penetrating injury to your eyes or body involving metal
YES	NO	Post surgical hardware (pins, rods, screws, plates, wires, joint replacement)			<b>THE FOLLOWING ARE FOR CONTRAST* STUDIES:</b>
YES	NO	Artificial heart valve, coil, filter or stent	YES	NO	Kidney disease, transplant, single kidney
YES	NO	Spinal or Interventricular Shunt	YES	NO	Prior dialysis or history of cancer
YES	NO	Internal electrodes or wires	YES	NO	Diabetes or liver disease
YES	NO	Aneurysm clips	YES	NO	Currently on high blood pressure medication
YES	NO	Medication patches	YES	NO	Allergic reaction to MRI or X-ray contrast
YES	NO	Removable dental work	YES	NO	Drug or latex allergy
YES	NO	Radiation seeds (brachytherapy)			<b>THE FOLLOWING ARE FOR FEMALE PATIENTS:</b>
YES	NO	Any special needs (oxygen, wheelchair)	YES	NO	Tissue expander (breast reconstruction)
YES	NO	Hearing aids	YES	NO	IUD, diaphragm, pessary
YES	NO	Ear (cochlear) implant, middle ear implant	YES	NO	Currently pregnant or breastfeeding

**\*FOR CONTRAST STUDIES:** This exam may require an intravenous injection of a non-iodinated contrast material containing Gadolinium. This helps to enhance the area of interest and provide additional information. As with all injections, there is some risk; infection, nerve damage, hematoma, extravasation, blood clot, and/or allergic reaction are among the rare complications that can occur. The risks are much greater if there is a history of severe kidney disease.

*The products we use are FDA approved.*

*I attest that the above information is correct to the best of my knowledge and I have read and understand the content of this form:*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

MRI Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For MRI Tech:**

\_\_\_\_\_  
 (Person Administering Contrast) (Date) SITE: Right or Left  
 Type of Contrast: GADAVIST Lot# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Amount of Contrast Used: \_\_\_\_\_ cc's Total Volume Used: \_\_\_\_\_ cc's Method: IV or Within Joint