

DIAGNOSTIC IMAGING MRI SCREENING FORM

For **YOUR SAFETY**, the presence of certain metallic objects must be determined **BEFORE** you enter the exam room.

If you answer **YES** to any implanted device, we have to know the manufacturer and when it was implanted. If surgical reports are required, your test may need to be rebooked.

	YES	NO
1. Are you claustrophobic?		
2. Have you ever had an MRI exam? _____ When? _____ Where? _____ What body part was scanned? _____		
3. Have you had any heart surgery and/or a Pacemaker inserted? When? _____ Where? _____ What was done? _____		
4. Do you have any brain surgery and/or aneurysm clips ? When? _____ Where? _____ What was done? _____		
5. Have you had surgery related to the body part being examined today ?		
6. Do you have an epidural catheter implanted now ?		
7. Have you had any ear or eye surgeries ? (circle one or both) What do you have? When was it put in?		
8. Do you have any implantable pumps or a medication pump (CAD pump) ? (for insulin, medication, pain, or chemotherapy) <i>If yes it has to be disconnected!</i>		
9. Do you have a neurostimulator or a TENS device? what? When?		
10. Have you had a limb or joint replacement/pins/rods/screws? Any metal?		
11. Have you EVER had metal removed from your eyes, head, or body?		
12. Have you EVER done any metal work? (mechanic, welder, machinist)		
13. Do you have any tattoos or body piercing? (Circle which one please).		
14. Do you have an intrauterine device IUD or penile implant? Manufacturer? When? Or a Pessary?		
15. Do you have any medication patches on now ?		
16. Are you taking a sedative medication for this MRI? What did you take?		
17. Do you wear any removable dental work, or hearing aids? (Circle please)		
18. Do you have allergies to latex or drugs? (If yes, list below)		
19. Have you undergone a colonoscopy/endoscopy in the past 6 weeks ? If yes, where and when was it done?		
20. Do you have kidney impairment and /or On dialysis and/or Renal failure?		
21. Have you ever had a reaction to X-ray or MRI Contrast Media?		
22. Do you have a port-a-cath with a gripper, shunts, stents, or surgical clips in your body?		
23. Any possibility of pregnancy? Date of last menstrual period?		
24. Are you breast feeding?		

All patients will have to change into a hospital attire and are not allowed to wear street clothes in the MRI.

Your weight and height, which is required for this test. _____ lbs/Kg height _____

Patient name _____ Signature / _____ Date _____

Technologist Name and Signature _____ Date _____