

MRI Safety Screening Form

Date ____/____/____

Patient Number _____

Name _____

DOB ____ Male ____ Female ____

Last Name First Name Middle Initial

Height ____ Weight ____

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1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? _ No _ Yes
If yes, please indicate the date and type of surgery:

Date ____/____/____ Type of surgery: _____
Date ____/____/____ Type of surgery: _____
 2. Have you experienced any problem related to a previous MRI examination or MR procedure? _ No _ Yes
If yes, please describe: _____
 3. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? _ No _ Yes
If yes, please describe: _____
 4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? _ No _ Yes
If yes, please describe: _____
 5. Are you allergic to any medication? _ No _ Yes
If yes, please list: _____
 6. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? _ No _ Yes
 7. Do you have tattoos, permanent make-up done in the last 2 months? _ No _ Yes
If yes, location? _____
 8. Do you have hair extensions? _ No _ Yes
 9. Do you have any non-removable piercings? _ No _ Yes
If yes, location? _____
 10. Do you have metal in your body (**pacemaker**, plates, aneurysm clips/coils, deep brain stimulator, pins, rods, joints, pellets, cochlear implants, etc.)? _ No _ Yes
If yes, please describe: _____
 11. Have you ever been employed as a farm worker, metal grinder, or welder? _ No _ Yes
 12. Do you wear dentures, partials, braces, or a non-removable orthodontic retainer? _ No _ Yes
 13. Have you ever considered yourself to be claustrophobic? _ No _ Yes
 14. Have you had COVID in the last 2 weeks? _ No _ Yes

For female patients:

15. Are you pregnant or could you possibly be pregnant? _ No _ Yes

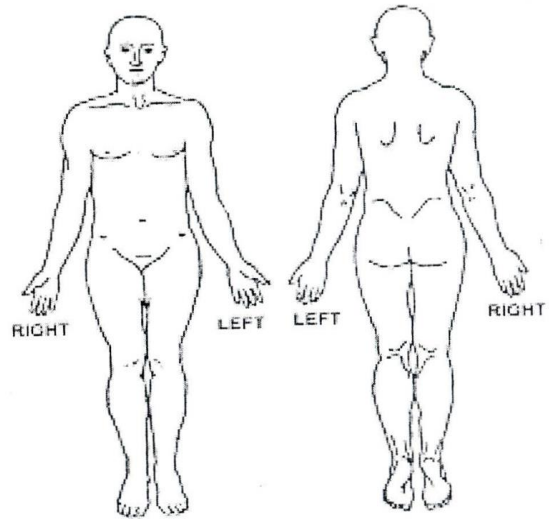
MRI Screening Form

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. **The MR system magnet is ALWAYS on.**

Please indicate if you have any of the following:

- Yes, No Aneurysm clip(s) or coils
- Yes, No Cardiac pacemaker
- Yes, No Implanted cardioverter defibrillator (ICD)
- Yes, No Electronic implant or device
- Yes, No Magnetically-activated implant or device
- Yes, No Neurostimulation system (Deep Brain Stimulator)
- Yes, No Spinal cord stimulator
- Yes, No Internal electrodes or wires
- Yes, No Bone growth/bone fusion stimulator
- Yes, No Cochlear, otologic, or other ear implant
- Yes, No Insulin or other infusion pump
- Yes, No Implanted drug infusion device
- Yes, No Any type of prosthesis (eye, penile, etc.)
- Yes, No Heart valve prosthesis
- Yes, No Eyelid spring or wire
- Yes, No Artificial or prosthetic limb
- Yes, No Metallic stent, filter, or coil
- Yes, No Shunt (spinal or intraventricular)
- Yes, No Vascular access port and/or catheter
- Yes, No Radiation seeds or implants
- Yes, No Swan-Ganz or thermodilution catheter
- Yes, No Medication patch (Nicotine, Nitroglycerine)
- Yes, No Any metallic fragment or foreign body
- Yes, No Wire mesh implant
- Yes, No Tissue expander (e.g., breast)
- Yes, No Joint replacement (hip, knee, etc.)
- Yes, No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes, No IUD, diaphragm, or pessary
- Yes, No Dentures or partial plates
- Yes, No Tattoo or permanent makeup
- Yes, No Body piercing jewelry
- Yes, No Hearing aid
(Remove before entering MR system room)
- Yes, No Other implant _____
- Yes, No Breathing problem or motion disorder
- Yes, No Claustrophobia
- Yes, No Color contact lenses

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you

NOTE: You are required to wear earplugs or other hearing protection during the MRI procedure.

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 that I am about to undergo.

Signature of Person Completing Form: _____ Date: ____ / ____ / ____
Signature Initials

Screened By: _____ Date: ____ / ____ / ____
Signature Initials