RadiologicalGroup

MRI Patient Screening Form
MBHS Department of Radiology / Radiological Group

Patient Weight:_____ (pounds)

ATTENTION: MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MR scanning room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer these questions carefully.

List of Surgeries: _____

_____

Patient

Y	N	Have you ever had any metal in your eye? If so, was it removed?
Y	N	Are you pregnant, or possibly pregnant?
Y	N	Previous MRI before – at MBMC – elsewhere?
Y	N	Have you had a reaction to MRI contrast? If yes-describe
Y	N	Do you have kidney disease? If so, are you currently on dialysis?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

Y	N	Pacemaker, wires or defibrillator	Y	N	Brain/aneurysm clip
Y	N	Electrical stimulator for nerves or bone	Y	N	Ear implant (Cochlear, Stapes)
Y	N	Bullets, BB's, or pellets	Y	N	Eye implant
Y	N	Metal shrapnel or fragments	Y	N	Infusion pump (Pain or Insulin)
Y	N	Dental Magnetic Implant	Y	N	Are you wearing any pain, nicotine, or hormone patches?
Y	N	Coil, filter, or wire in blood vessel	Y	N	Penile prosthesis
Y	N	Artificial limb or joint	Y	N	Breast Tissue Expanders
Y	N	Stents or Shunts	Y	N	Hearing aide
Y	N	Artificial heart valve	Y	N	Claustrophobic
Y	N	Cancer? If so what kind	Y	N	Diaphragm or IUD
Y	N	False teeth, retainers, or magnetic braces	Y	N	Surgical clips, staples, wires, mesh, or sutures
Y	N	Orthopedic hardware (plates, screws, pins, rods, or wires)	Y	N	Body Piercings, hairpins, barrettes, or other metal hair items. If so, please remove them.

I attest that the answers I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand this entire form and have had the opportunity to ask questions regarding the information on this form.

Signature (Patient or Guardian) _____

Date: _____Time: _____ Witnessed by _____ C-6