



IMAGING DEPARTMENT MRI SCREENING FORM

Patient - Please answer the following question? Call MRI at 376-8040 if you need assistance or have questions.

- YES NO Do you have a pacemaker or implanted defibrillator?
- YES NO Have you ever had any eye, brain or ear surgery? If YES, please explain.
Aneurysm Clip Cochlear Implants Cataract Eyelid Springs CSF Shunt
Other _____
- YES NO Have you ever had heart or blood vessel surgery? If YES, please explain.
Bypass Stent Clips Mesh Valve Replacement Filter Coil Aneurysm Clip
Other _____
- YES NO Do you currently have a medication infusion device, pump or skin patch on? (Please Remove)
Insulin Nicotine Pain Medication Other _____
- YES NO Do you currently have an electronic or magnetically activated device or implant?
TENS Unit Neurostimulator Other _____
- YES NO Do you have an indwelling catheter for I.V. Therapy? If YES, please explain.
Swan-Ganz Groshong Hickman Port-a-Cath Other _____
- YES NO Do you currently have a prosthesis or implant of any kind? If YES, please explain.
IUD Penile Implant Artificial Limb Tissue Expander Orbital Joint Replacement
Other _____
- YES NO Do you have any kidney problems? Dialysis Other _____
- YES NO Have you had an eye injury involving metal? Removed _____
- YES NO Shrapnel, bullet or BB injury? If YES, where _____
- YES NO Do you wear hearing aids? (Please remove before MRI test)
- YES NO Have you ever had a Staph infection (MRSA)? When _____
- YES NO Breathing problems or Motion disorder? If YES, explain _____
- YES NO MAYBE Are you pregnant? Hysterectomy 1st day of last period? _____

Any additional information: _____

WARNING - PLEASE READ BEFORE ENTERING THE MRI

Before entering the MR environment, you must REMOVE all metallic objects. Please empty ALL your pockets and remove your watch, wallet, money clip, hearing aids, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, safety pins, coins, pens, pocket knife, nail clippers, etc.
Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MRI system room.

Patient Signature & Date

MRI Tech Signature

Empty box for patient and MRI Tech signatures.