MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

Patient Name: _____ Date: _____/_____/_____ Age:_____ Wt:_____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) or any kind?

☐ YES ☐ NO

If 'yes', please indicate the date and type of surgery:

Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____
Date_____/_____/_____ Type of Surgery _____

2. Have you had prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?

☐ YES ☐ NO

If 'yes' please list:	Body Part	Date	Facility
MRI	_____	_____/_____/_____	_____
CT/CAT SCAN	_____	_____/_____/_____	_____

3. Have you experienced any problem related to a previous MRI examination or MR procedure?

☐ YES ☐ NO

If 'yes', please describe: _____

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?

☐ YES ☐ NO

If 'yes', please describe: _____

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, Bullet, Shrapnel, etc.)?

☐ YES ☐ NO

If 'yes', please describe: _____

6. Are you allergic to any medication? ☐ YES ☐ NO

If 'yes', please describe: _____

7. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for a MRI, CT or X-ray examination? ☐ YES ☐ NO

If 'yes', please describe: _____

8. Do you have anemia or any disease(s) that affects your blood, a history of kidney disease or seizures?

☐ YES ☐ NO

If 'yes', please describe: _____

For Female Patients:

9. Date of last menstrual period: _____/_____/_____ Post Menopausal? ☐ Y ☐ N
10. Are you pregnant or experiencing a late menstrual period? ☐ Y ☐ N
11. Are you currently breastfeeding? ☐ Y ☐ N

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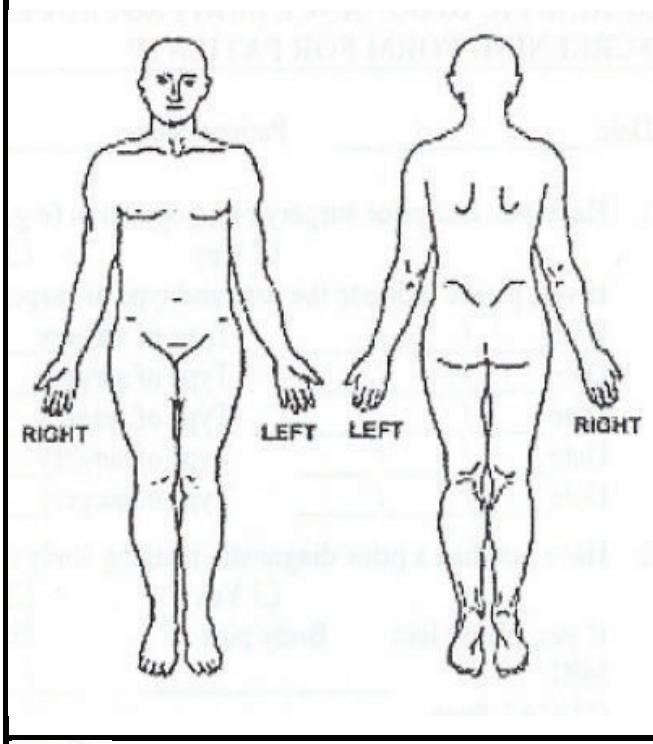
WARNING! Certain implants, devices, or objects may be hazardous to you and may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or the MR environment if you have any questions or concerns regarding an implant, device or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

☐ YES	☐ NO	Aneurysm Clip
☐ YES	☐ NO	Cardiac Pacemaker
☐ YES	☐ NO	Implanted Cardioverter Defibrillator
☐ YES	☐ NO	Electronic Implant or Device
☐ YES	☐ NO	Neurostimulation system
☐ 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 (penile, eye, 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	Swan-Ganz or thermodilution catheter
☐ YES	☐ NO	Medication Patch (Nicotene, Nitroglycerin
☐ YES	☐ NO	Any metallic fragment or foreign body
☐ YES	☐ NO	Wire mesh implant
☐ YES	☐ NO	Tissue expander
☐ YES	☐ NO	Surgical Staples, clips or metallic sutures
☐ 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	Tatoo or permanent makeup
☐ YES	☐ NO	Body piercing jewelry
☐ YES	☐ NO	Hearing Aid

Remove before entering MR system Ro

☐ YES ☐ NO Other Implant _____



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 clips, credit cards, bank cards, magnetic stripe cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners (including underwire bras), clothing with metallic threads.
Please consult your MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to acoustic noise

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: _____

Form Completed By: Patient ☐ Relative ☐ Nurse ☐ _____

MRI Technologist: _____