



MRI PATIENT HISTORY & SAFETY SCREENING

Please print

Date _____ Patient MRN _____
 Name _____ Patient Weight _____
 Date of Birth _____ Age _____ Referring Physician _____
 DO YOU HAVE AN APPOINTMENT WITH YOUR DOCTOR TODAY? _____ Time _____

Drug Allergies: _____

- Yes No Cardiac Pacemaker **if YES, PATIENT CANNOT BE SCANNED**
- Yes No Implanted Cardiac Defibrillator (ICD)
- Yes No Brain Aneurysm Clip if YES, please indicate Type _____
- Yes No ANY Electronic, Mechanical, Magnetic Implant, Neurostimulator, (tens unit, bone growth, etc.)
Type _____
- Yes No Are you pregnant or nursing
- Yes No Cochlear or Stapes (inner ear) Implants
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Aortic or Carotid Artery Clips
- Yes No Hearing Aid (*Remove before entering MR scan room*)
- Yes No Insulin or other implanted infusion Pump
- Yes No Swan-Gantz or thermodilution catheter
- Yes No Heart Valve or Stent
- Yes No Shunt (intraventricular or spinal)
- Yes No Vascular...(circle) Coil, Umbrella (filter for clots), Stent
- Yes No Vascular access port and/or catheter
- Yes No Prosthesis (limbs, joints or eyes)
- Yes No Joint Replacement (hip, knee, etc.)
- Yes No Metal...(circle) Rods, Plates, Screws, Nails, Pins, Clips, Other
Location _____
- Yes No Surgical staples, clips or Wire Sutures
- Yes No IUD, diaphragm, penile Implant
- Yes No Shrapnel (metal fragments)/ Gunshot Injury Location _____
- Yes No Metal fragments in eye due to grinding/welding
- Yes No Implanted drug infusion device
- Yes No Eyelid Spring or wire
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Wire Mesh implant
- Yes No Removable...(circle) dentures, retainers, hair pieces
- Yes No Tattooed...(circle) eyeliner, eyebrows
- Yes No Body Piercing – Please indicate location _____
- Yes No Breast expander/markers
- Yes No Other implant :
- Yes No Acticoat silver wound dressing

IMPORTANT NSTRUCTIONS

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, and clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR scan room.

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

Form Completed By: Patient Relative Nurse/Physician _____
Print Name Relationship to patient

Form Information Reviewed By: _____
Print Name Signature

MRI Technologist Nurse Radiologist Other _____

Ok to do scan per DR. _____