



Magnetic Resonance (MRI) Screening Form

MRI scanners use very strong magnetic fields that may be hazardous to persons entering the MRI examination room. Therefore all individuals must complete a screening form prior to entering the MRI scanner room.

Name: _____ Date of Birth _____ Wt: _____ Ht: _____
Last First Middle Day/Month/Year

Day Phone: _____ Evening Phone: _____

Please answer every item: (Use back of form if needed).

Kidney disease Yes No Multiple Myeloma Yes No
Hypertension Yes No Transplanted organ Yes No
Diabetes mellitus Yes No

Have you EVER had any surgery? Yes No

If yes, please describe and list dates _____

Have you EVER worked with metal? (sheet metal, welding, etc) Yes No

If yes, please describe _____

Have you EVER worked with metal had an injury to your eye? Yes No

If yes, please describe _____

Had an allergic reaction to a Radiographic contrast or Benadryl? Yes No

If yes, please describe _____

Have you ever had an MRI? If yes, when? _____ Where? _____ Yes No

Do you get anxious or nervous in confined places?..... Yes No

Do you have any allergies? Yes No

If yes, please list: _____

Do you have asthma? Yes No

Are you taking any medications? Yes No

Cardiac Pacemaker Yes No Implanted Cardiac Defibrillator Yes No

Any type of eye or ear implant Yes No Removable dental work Yes No

Breathing or motion problems Yes No Liver disease Yes No

Any medicine pump under the skin Yes No Acupuncture Needles Yes No

Bio- or neuro-stimulator Yes No Aneurysm Clips Yes No

Medication patch Yes No Artificial Heart Valve Yes No

Cochlear implant Yes No Artificial limb Yes No

Any type of stent, coil, filter Yes No Hearing Aid Yes No

Penile Implant Yes No Shrapnel Yes No

Tattoo Yes No, if yes, when? _____

Body Piercing Yes No, if yes, where? _____

Any other implanted metal? Yes No, if yes, list: _____

Females:

Are you possibly pregnant Yes No Breast feeding Yes No

Date last menstrual cycle: _____ IUD/Diaphragm/Pessary Yes No

Oral contraceptives or hormone treatment Yes No Breast implants Yes No

IMPORTANT SAFETY INSTRUCTIONS:

No metallic support devices may accompany patient into the magnet (i.e. IV Pumps). **On the day of your exam, DO NOT wear any jewelry, dentures, hair pins, dog tags, hearing aids, eye makeup, hairspray, magnetic nail polish or hair oils.** You will be advised or required to wear hearing protection during the MR examination. Your physician will be notified in case of any no-shows. Your MRI procedure may require you to receive an IV injection of contrast medium, usually gadolinium based. Please consult the MRI staff should you have any questions. **All external metal piercings must be removed!** No exceptions.

I attest that the above information is correct to the best of my knowledge.

Patient's or Guardian's Signature

Date

For Official Use only:

Patient Education Performed: Yes No

Contrast Agent Used Yes No Agent Name: _____ Dose: _____ GFR: _____

Signature of MRI Level 2 Personnel: _____