

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

	<u>MEDICAL HISTORY:</u> (If "YES", please circle the items that apply)		
1	<b>Cardiac Pacemaker or Implanted Cardiac Defibrillator (ICD)</b>	<u>YES</u>	<u>NO</u>
2	<b>Internal Electrodes or Wires</b> (Pacing wires, DBS, or VNS wires)	<u>YES</u>	<u>NO</u>
3	Artificial Heart Valve(s) <b>*Mechanical*</b>	<u>YES</u>	<u>NO</u>
4	<b>Ear (Cochlear) Implant</b> , middle ear implant, otologic implant	<u>YES</u>	<u>NO</u>
5	<b>Neurostimulator-</b> (Bladder, Spinal Cord, Vagal, TENS Unit, Bone Growth, other)	<u>YES</u>	<u>NO</u>
6	Any <b>Medication Pump</b> or infusion device. (Internal or External)	<u>YES</u>	<u>NO</u>
7	<b>Shunt</b> or programmable pressure valve. (Spinal, Ventricular, etc.)	<u>YES</u>	<u>NO</u>
8	<b>Aneurysm Clips</b> , cerebral clip, brain clip, carotid artery clamp.	<u>YES</u>	<u>NO</u>
9	Mechanical Tissue expander, (Breast, Post-mastectomy)	<u>YES</u>	<u>NO</u>

If answering "YES" to any question above, special care is needed to maintain your comfort and safety.  
**Please discuss with your MRI Technologist prior to having MRI.**

10	Artificial Heart valve (Tissue), <b>Stents</b> , filter or coil (Gianturco Coil, IVC filter. etc)	<u>YES</u>	<u>NO</u>
11	Insulin Pump, Glucose Monitor, etc ( <b>MUST BE REMOVED PRIOR TO MRI</b> )	<u>YES</u>	<u>NO</u>
12	Eye injury involving metal fragments (Metal Shavings, Metal Slivers) Injury from a foreign metal object. (Shrapnel, Bullet, BB) Location: _____	<u>YES</u>	<u>NO</u>
13	Artificial Eye or other <b>Eye Surgeries</b> _____	<u>YES</u>	<u>NO</u>
14	Spinal Surgery, Spinal Fusion. When: _____	<u>YES</u>	<u>NO</u>
15	Implanted post-surgical hardware: (Pins, Plates, Screws, Rods, Wires)	<u>YES</u>	<u>NO</u>
16	<b>Artificial joint</b> and/or Limb (Including <b>Total Joint Replacements</b> )	<u>YES</u>	<u>NO</u>
17	Surgical Clips, staples, or surgical mesh. Location: _____	<u>YES</u>	<u>NO</u>
18	IV Access Port (Port-a-Cath, PICC line, etc.)	<u>YES</u>	<u>NO</u>
19	Medication Patch (Pain Med, Estrogen, Nicotine, etc.)	<u>YES</u>	<u>NO</u>
20	IUD, Pessary, Diaphragm	<u>YES</u>	<u>NO</u>
21	Dental work: (Dentures, Braces, Bridge, Post-Implant, Retainers, etc)	<u>YES</u>	<u>NO</u>
22	Hearing Aids, ( <b>NEED TO BE REMOVED PRIOR TO MRI</b> )	<u>YES</u>	<u>NO</u>
23	Wig, Hairpiece, Hairpins, Hair Extensions	<u>YES</u>	<u>NO</u>
24	Body Piercings, Tattoo, Permanent Makeup. (Piercings need to be removed)	<u>YES</u>	<u>NO</u>
25	<b>Other Implants (Please List):</b>	<u>YES</u>	<u>NO</u>
26	Claustrophobic or Motion Disorder	<u>YES</u>	<u>NO</u>
27	Any prior imaging studies or surgeries pertaining to today's study: (Please Explain)	<u>YES</u>	<u>NO</u>
	<b>ANY KNOWN ALLERGIES</b> _____	<u>YES</u>	<u>NO</u>

**I attest that the above information is correct and to the best of my knowledge and understand the information presented to me.**  
**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Magnetic Resonance Procedure Screening

### **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 clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads.

MRI is usually avoided during the first trimester of pregnancy.

If you have a pacemaker, neurostimulator, aneurysm clips, hearing aids, insulin pump, inner ear implants, **PLEASE STOP NOW** and inform the Radiology personnel immediately.

**Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room.**

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

### **CONTRAST AGENT INFORMATION**

As part of the MRI examination, if your referring physician and the radiologist deem it advisable, you may be given an intravenous injection of gadolinium, a contrast agent used in MRI. This injection increases the accuracy of the scan to better diagnose your condition. Gadolinium contrast agents have been used safely in millions of cases, but minor reactions (headaches, nausea, or itchiness) occur in about 2% of patients and rare life-threatening reactions have been reported.

*Breast feeding mothers: There is a very small percentage of contrasted material that is excreted into the breast milk and absorbed by the infant. Available data suggest it is safe to continue breast-feeding. However if you are concerned, you may abstain from breast feeding for 12 to 24 hours (express and discard breast milk).*

### **Initials:**

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	Print name	Date
Form completed by:  <input type="checkbox"/> Patient <input type="checkbox"/> Relative <input type="checkbox"/> Nurse	Relationship to patient	