

# Midwest Surgical Hospital

## MRI Screening Form

Date \_\_\_\_\_

Patient name \_\_\_\_\_

Birthdate \_\_\_\_\_

Weight \_\_\_\_\_

Do you have a Latex Allergy?	YES	NO
Do you have Claustrophobia?	YES	NO

**The following items can actually be hazardous to your safety while having an Mri. Please indicate yes or no if you do or do not have any of these items:**

Could you for any reason have:		
Metal or metal shavings in your eye?	YES	NO
Cardiac Pacemaker or defibrillator?	YES	NO
Artificial Heart Valve?	YES	NO
Brain, aortic or carotid aneurysm clips?	YES	NO
Neurostimulator,Bladder stimulator,vns system, Deep Brain Stimulator?	YES	NO
Electronic implant or device?	YES	NO
Insulin,pain or infusion pump?	YES	NO
Cochlear or any ear and eye implants?	YES	NO
Swan-Ganz or thermodilution catheters?	YES	NO
Stent,Filter or coils?	YES	NO
Shunts?	YES	NO
Electrodes or wires?	YES	NO
Metal mesh?	YES	NO
Artificial limb or prosthesis of any kind?	YES	NO
Breast Expanders?	YES	NO
Any metal fragments?	YES	NO
Radiation seeds or implants?	YES	NO
Medicine patch?	YES	NO
Tattoo or permanent makeup?	YES	NO
Pins,screws,plates,joint replacements from surgeries?	YES	NO
Other metallic implants not mentioned?List	YES	NO
Allergic reaction to MRI contrast agents?	YES	NO
Pregnancy, possibility of pregnancy or breastfeeding?	YES	NO

**Remove all metallic objects before entering the MRI environment including:** hearing aids, beeper, cell phones, keys, eyeglasses, hair pins, barrettes, jewelry, body piercings, wigs, watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, lighters, steel-toed shoes, and tools. Loose metallic objects are especially prohibited in the Mr room. Please consult the MRI Technologist if you have any questions or concerns, **BEFORE** you enter the MR suite.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I had the opportunity to ask questions regarding the information on this form.

Patient signature \_\_\_\_\_

RT initials \_\_\_\_\_