

# MRI PATIENT SCREENING FORM

The information requested on this form is **very important**. Please answer **all** questions as thoroughly as possible.  
**The person completing this form is responsible for the accuracy of the requested information.**

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Appointment Date: \_\_\_\_\_  
 Weight: \_\_\_\_\_

YES	NO		YES	NO	
		<b>CARDIAC PACEMAKER-NOTIFY TECH</b>			
		Implanted Cardiovascular Defibrillator			Tissue Expander
		Stent, Coil or Filter Date:			Penile Implant
		Aneurysm Clips Location:			Neuro-Stimulation System
		Surgical Staples, Clips or Metallic Sutures			Bone Growth/Bone Fusion Stimulator
		Carotid Artery Clips Date:			Middle Ear/Cochlear Implant
		Internal electrodes or wires			Left Right Both
		Eyelid Spring or Wire			Prosthesis of:
		Artificial Heart Valve Date:			Joint, Extremities or Eyes
		Hearing Aid			Date:
		I.U.D.			Implanted Drug Infusion Pump
		Shunt: Spinal or Ventricular			Medication Pump
		Fractured bones or spine treated with:			Metal Fragments (Shrapnel or gunshot Wound)
		Metal Rod Date:			Location: Date:
		Metal Plates Date:			Magnetically Activated Implant or Device?
		Metal Pins Date:			Allergic Reactions to IV Contrast?
		Screws Date:			Renal Insufficiency or Decreased Function
		Medication Patch			Are you Pregnant?
		Metal in eyes			Are you Breast Feeding?
		Left Right Both			Tattoos/Permanent MakeUp Location:
		Sickle Cell Anemia			Body Piercing Location:
					Other Implants Location:

**No one should enter the MRI scan room with any of the following items:**

- Watch • Metal Zippers • Firearms • Removable Dental Work • Hearing Aid • Keys/Coins • Pocket Knife
- Hairpins/Accessories • Pens/Pencils • Belt Buckle • Bra • Purse/Wallet/Money Clip/Credit Cards

Signature of person completing form X \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by:  Patient  Relative

**MRI STAFF:** Signature of person reviewing form: **X** \_\_\_\_\_

Were plain films obtained? \_\_\_\_\_ Films cleared by: \_\_\_\_\_

CONTRAST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ LOT# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_