

# MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Patient Sticker

Body part to be examined: \_\_\_\_\_

Side of body to be examined: LEFT / RIGHT / NA

1. Have you had a prior diagnostic imaging study or exam on the above listed body part? Yes / No

\* If yes, please list:

EXAM	DATE	FACILITY
MRI	_____	_____
CT/CAT Scan	_____	_____
X-Ray	_____	_____
Ultrasound	_____	_____
Nuclear Medicine	_____	_____
Other _____	_____	_____

2. Are you pregnant or experiencing a late menstrual period? Yes / No / NA

3. Are you currently breast feeding? Yes / No / NA

**Please indicate if you have any of the following:**

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| <input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysm clip(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac pacemaker<br><input type="checkbox"/> Yes <input type="checkbox"/> No Implanted cardioverter defibrillator (ICD)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Electronic implant or device<br><input type="checkbox"/> Yes <input type="checkbox"/> No Magnetically-activated implant or device<br><input type="checkbox"/> Yes <input type="checkbox"/> No Neruostimulation system<br><input type="checkbox"/> Yes <input type="checkbox"/> No Spinal cord stimulator<br><input type="checkbox"/> Yes <input type="checkbox"/> No Internal electrodes or wires<br><input type="checkbox"/> Yes <input type="checkbox"/> No Bone growth/bone fusion stimulator<br><input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear, orologic, or other ear implant<br><input type="checkbox"/> Yes <input type="checkbox"/> No Insulin or other infusion pump<br><input type="checkbox"/> Yes <input type="checkbox"/> No Implanted drug infusion device<br><input type="checkbox"/> Yes <input type="checkbox"/> No Any type of prosthesis (eye, penile, etc.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Heart valve prosthesis<br><input type="checkbox"/> Yes <input type="checkbox"/> No Eyelid spring or wire<br><input type="checkbox"/> Yes <input type="checkbox"/> No Artificial or prosthetic limb<br><input type="checkbox"/> Yes <input type="checkbox"/> No Metallic stent, filter, or coil<br><input type="checkbox"/> Yes <input type="checkbox"/> No Shunt (spinal or intraventricular) | <input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access port and/or catheter<br><input type="checkbox"/> Yes <input type="checkbox"/> No Radiation seeds or implants<br><input type="checkbox"/> Yes <input type="checkbox"/> No Swan-Ganz or thermodilution catheter<br><input type="checkbox"/> Yes <input type="checkbox"/> No Medication patch (Nicotine, Nitroglycerine)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Any metallic fragment or foreign body<br><input type="checkbox"/> Yes <input type="checkbox"/> No Wire mesh implant<br><input type="checkbox"/> Yes <input type="checkbox"/> No Tissue expander (e.g. breast)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Surgical staples, clips, or metallic sutures<br><input type="checkbox"/> Yes <input type="checkbox"/> No Joint replacement (hip, knee, etc.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Bone/joint pin, screw, nail, wire, plate, etc.<br><input type="checkbox"/> Yes <input type="checkbox"/> No IUD, diaphragm, or pessary<br><input type="checkbox"/> Yes <input type="checkbox"/> No Dentures or partial plates<br><input type="checkbox"/> Yes <input type="checkbox"/> No Tattoo or permanent makeup<br><input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing jewelry<br><input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid<br><i>(Remove before entering MR system room)</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No Other implant _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Breathing problem or motion disorder<br><input type="checkbox"/> Yes <input type="checkbox"/> No Endoscopy Capsule (GI Camera)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia |
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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.

Patient/Gardian: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

Completed By:  Patient  Relative  Other \_\_\_\_\_

Print name

Relationship to patient

**FOR RADIOLOGY USE ONLY:**

Reviewed By: \_\_\_\_\_

Print name

Signature

Date



**IMPORTANT INFORMATION REGARDING MAGNETIC RESONANCE (MR) EXAMS**

**PLEASE READ & COMPLETE BOTH SIDES**



**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e. MRI, MR angiography, functional MRI, MR spectroscopy). **Do Not Enter** the MR system room or MR environment if you have any question or concern regarding an implant, device or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

**Due to the nature of this exam, please take the time to fill out the questionnaire on the reverse side.**

**\*\*Your exam may be CANCELLED if the required questionnaire is not complete.\*\***

Please arrive at least 30 minutes before your scheduled exam.  
We value your time, therefore if this form is complete prior to your exam,  
you need only check in 15 minutes early.



**IMPORTANT INSTRUCTIONS**

**Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, mail clippers, tools, clothing with metal fasteners, & clothing with metallic threads.**

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

**\*\*Our MR System has music for your enjoyment, you are welcome to bring a favorite CD with you to enjoy during your scan\*\***