



MRI Patient Screening

Patient Name:	Weight:	MRN #:
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Your doctor has requested that you have a Magnetic Resonance Imaging (MRI) examination to aid in your medical diagnosis. It is anticipated that you will benefit from the procedure, as this diagnostic imaging device may offer diagnostic information not available from other techniques.

PLEASE READ AND CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

Do you have a PACEMAKER? DEFIBRILLATOR?	YES	NO	Have you had any surgeries? If yes, then what kind	YES	NO
IF YES, STOP AND SEE RECEPTIONISTS!!					
Do you have a CARDIAC LOOP RECORDER?	YES	NO	_____		
Have you ever had brain surgery?	YES	NO	_____		
Have you ever had spine surgery?	YES	NO	_____		
Do you have aneurysm clips, stents, coils, or filters in your blood vessels?	YES	NO	_____		
Have you ever had ear surgery or implants?	YES	NO	Do you have a war injury or gunshot wound	YES	NO
Have you ever had eye surgery or implants?	YES	NO	Have you ever gotten metal fragments in your eyes from welding or grinding?	YES	NO
Are you wearing a hearing aid?	YES	NO	Do you have any implanted devices such as electrodes, neurostimulators, heart valves, orthopedic implants, shunts, infusion pump, or prosthetic appliances	YES	NO
Are you wearing a wig or a hair piece?	YES	NO	Is there any possibility that you are pregnant? Nursing?	YES	NO
Are you wearing metallic dental appliances?	YES	NO	Are you wearing an IUD?	YES	NO
Do YOU have a history of:			Do you have tissue expanders?	YES	NO
Heart Disease?	YES	NO	Do you have any concealed body piercings? Tattoos?	YES	NO
Kidney Disease?	YES	NO	Have you ever had radiation therapy?	YES	NO
Kidney Failure?	YES	NO	Have you ever had a contrast injection?	YES	NO
Dialysis?	YES	NO	If yes, have you had adverse reactions from the injection?	YES	NO
Cancer?	YES	NO	Do you have seizures?	YES	NO
Diabetes?	YES	NO	Are you wearing any type of medication patch?	YES	NO
High Blood Pressure?	YES	NO	Are you wearing anything containing copper?	YES	NO
Allergies?	YES	NO			
Any other medical conditions?	YES	NO			

If yes, please describe: _____

Reason for Exam: _____

Lab Tests:

Bun: _____ (6 - 19) Creatinine: _____ (0.7 - 1.4) PT: _____ (10.0 - 13.00) PTT: _____ (25.0 - 34.0)

Calculated GFR: _____

Do you take Glucophage or Metformin? YES NO

CONTRAINDICATIONS:

Since MRI uses and electromagnetic field, you cannot undergo this procedure if you have the following:

Cardiac pacemaker, cochlear implant, neurostimulators, metal fragments in the eye, implanted drug infusions pumps (Medtronic okay), or aneurysm clip implanted in the brain, or cardiac loop recorder, without proper documentation that your particular device is MRI compatible.

****Please inform us if you have any other implants not mentioned****

PREGNANCY:

The FDA has not established any criteria under which a pregnant woman may be scanned.

CONTRAST:

Your Doctor may have requested that your exam be performed with intravenous contrast media Gadolinium if necessary during the MRI exam. Gadolinium is FDA approved and indicated for the use with MRI examinations. Although Gadolinium is very safe and allergic reactions are extremely rare, the possibility of an allergic reaction does exist. In addition, related complications such as pain or swelling at the site of injections, or phlebitis, although rare, are possible. The purpose, benefits, and complications of the contrast procedure will be explained to your satisfaction before any injection takes place.

I confirm that the information I provided is complete and accurate to the best of my knowledge. I have read, understand, and hereby agree to the MRI examination.

Patient Signature/Parent or Guardian if patient is a minor

Date:

Witness Signature

Date:

