



MRI SCREENING FORM

Name: _____ Birth Date: ____/____/____
Height: _____ Weight: _____ Diabetic or kidney problems? NO YES
Have you ever had surgery? NO YES If yes please list:

Have you ever had an eye injury involving metal? (Grinding, fabrication, etc.) NO YES
If yes please describe: _____
Are you pregnant and/or breastfeeding? NO YES

WARNING: Some of the following items may be extremely hazardous to your safety and interfere with the MRI exam. Please circle YES or NO if you have the following.

- NO YES Implanted Cardiac Pacemaker / Defibrillator
NO YES Aneurysm clip or brain clip
NO YES Carotid artery vascular clamp
NO YES Neurostimulator
NO YES Insulin or Infusion pump
NO YES Claustrophobia
NO YES Spinal Fusion Stimulator
NO YES Cochlear Implant or Ear tubes
NO YES Prosthesis (eye, penile, etc.)
NO YES Magnetic Implant (dental, etc.)
NO YES Heart Valve replacement
NO YES Artificial limb or joint
NO YES Electrodes (on body, head or brain)
NO YES Intravascular stents, filters or coils
NO YES Shunt (spinal or intraventricular)
NO YES Ports or catheters
NO YES Transdermal medicine patches (smoking, pain, etc.)
NO YES Hearing Aids
NO YES IUD, Diaphragm
NO YES Pessary or bladder ring
NO YES Tattooed eye liner or eyebrows
NO YES Body piercings
NO YES Metal Fragments
NO YES Cosmetic Surgery
NO YES Internal pacing wires
NO YES Aortic Clips
NO YES Venous Umbrella
NO YES Metal or wire mesh
NO YES Wire sutures or staples
NO YES Harrington rods
NO YES Screws, pins or nails in the bone
NO YES Wig, toupee or hair implants
NO YES Dentures (remove before scan)
NO YES Asthma or breathing disorder
NO YES Seizures or motion disorders

IMPORTANT INSTRUCTIONS: Remove all metallic objects before entering MRI including hearing aids, cell phone, keys, glasses, hair pins/barrettes, jewelry, watch, safety pins, money clips, credit/bank cards, and coins. Loose metallic objects are especially prohibited in the MRI environment. Please consult the MRI Technologist if you have any questions or concerns BEFORE your scan.

Patient/Legal Guardian Signature: _____ Date: ____/____/____
MRI Technologist Signature: _____