



MRI HISTORY AND SCREENING FORM

Patient Name: _____ Date: _____

Sex: Male Female Height: _____ Weight: _____ Birth Date: ___/___/___

Reason you are here today? Explain your medical problem. (What is the problem? Where is the problem? Etc...)

Have you taken any sedation/medication today to relax you for this procedure? Yes No If yes, what? _____

If yes, do you have someone to drive you home? Yes No

Do you have or have you ever had any of the following? (Please provide details for any "yes" answers)

- Yes No Cardiac Pacemaker: _____
- Yes No Heart Surgery/Heart Valve: If Yes, explain: _____
- Yes No Implanted Cardiac Defibrillator (ICD) : _____
- Yes No Brain Aneurysm Clips/ Brain Surgery: If Yes, explain: _____
- Yes No Shunts/Stents/Filters/Intravascular Coil: _____
- Yes No Eye Surgery/Implants/Spring/Wires/Retinal Tack: _____
- Yes No Injury to the Eye Involving Metal or Metal Shavings: _____
- Yes No Orthopedic Pins/Screws/Rods/Joints/Prosthesis: _____
- Yes No Neurostimulator/Biostimulator: _____
- Yes No Previous Back Surgery (Lumbar/Thoracic/Cervical): When: _____ Levels: _____
- Yes No Ear Surgery/Cochlear Implants/Hearing Aids/Stapes Prosthesis: _____
- Yes No Vascular Access Port/Catheter: _____
- Yes No Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes: _____
- Yes No Electrical/Mechanical/Magnetic Implants? Type: _____
- Yes No Implanted Drug Infusion Pump/Insulin Pump: _____
- Yes No Are you Pregnant or could you be Pregnant?: _____
- Yes No Tattoo's/Permanent Make-up/Body Piercing/Patches: _____
- Yes No Dentures/Partials/Dental Implants: _____
- Yes No Gunshot Wounds/Shrapnel/BB: _____
- Yes No Do you have pins in your Hair/Clothes/Hair Extensions/Hair Pieces/Wig: _____

List any Drug Allergies: _____

=====

I attest that the above information is correct to the best of my knowledge. I have also informed the technologist that I am not pregnant at this time. I acknowledge I have had the opportunity to ask questions related to this form, to ask questions regarding the MRI procedure, and I understand the information presented to me.

Patient/Parent/Legal Guardian MRI Technologist's Signature Date



WARNING: The MRI System has a very strong magnetic field that may be hazardous to you if you have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. **Please be sure to remove** all metallic objects before entering the MRI room. These objects include: hearing aids, pagers, cell phones, keys, watches, credit/debit/ID cards with magnetic strips, hair pins, eye glasses, jewelry, pocket knives, steel toe boots/shoes, tools, coins, pens, etc. Please discuss any questions or concerns with the MRI Technologist **BEFORE** entering the MRI Room.