

MRI Patient History and Screening

The following items may interfere with your Magnetic Resonance Imaging examination, and some can be potentially hazardous.

Do you have drug allergies <input type="checkbox"/> No <input type="checkbox"/> Yes Please list them:					
Patient Height _____ in/cm			Patient Weight _____ lbs/kgs		
Have you had MRI contrast before <input type="checkbox"/> No <input type="checkbox"/> Yes			Did you have a reaction? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Kidney Disease/Renal Failure? <input type="checkbox"/> No <input type="checkbox"/> Yes			Are you on dialysis? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you have Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have Sickle Cell Disease/Haemolytic Anemia?			<input type="checkbox"/> No <input type="checkbox"/> Yes		

Please indicate if you have the following	No	Yes	Please indicate if you have the following	No	Yes
Cardiac pacemaker			Eye prosthesis		
Implanted cardiac defibrillator (ICD)			Eyelid spring or wire		
Brain Aneurysm clip(s)			Penile prosthesis		
Electronic/Magnetic implant or device			IV access port		
Implanted drug infusion device (e.g., insulin, baclofen, chemo, pain meds...)			Intrauterine device (IUD), diaphragm, pessary		
Endoscopy Clips (i.e. Resolution Clip)			Artificial joint/Limb		
Cardiac Pacing Leads / Wires			Bone/Joint pin, screw, nail, wire, plate, etc.		
Bone Growth/Neurostimulator			Wire mesh implant		
Coils, Filters, or Stents			Medication patch (hormone, nicotine etc.)		
Shunt (renal, brain, heart, spine)			Hearing aid		
Middle Ear Implants (cochlea, stapes)			Dentures or partial plates		
Swan-Ganz or thermodilution catheter			Tattoo or permanent makeup		
Heart valve prosthesis			Body piercing jewelry		
Tissue expanders			Have you ever had metal in your eyes?		
Surgical staples, clips, wire sutures			Was the metal removed by a doctor?		
Silver impregnated dressing			Are you pregnant?		
Shrapnel or bullet			Date of Last Menstrual period?		

Have you ever had any surgical procedures or operations? List All <input type="checkbox"/> No <input type="checkbox"/> Yes ▼	
Type	Year
Type	Year
Type	Year
Type	Year
Type	Year

I have answered the above questions to the best of my ability. The MRI examination has been explained to me, and I have had my questions answered to my satisfaction.

Signature of Patient or Guardian	Date (yyyy-Mon-dd)
Witness/Technologist Name (<i>print</i>)	Witness/Technologist Signature