



MRI PATIENT SCREENING

Name: _____ Date: _____ Weight: _____

Your doctor has scheduled you for a Magnetic Resonance Imaging (MRI) scan. The machine utilizes a magnetic field and radio frequency waves to obtain images. There are no known biological hazards.

Because of the presence of a magnetic field the following items should not be taken into the MRI room: Watches, coins, keys, knives, dentures, hair pins, pens, hearing aid, wallet, Jewelry, belt, phones, beepers or any other loose metal objects.

| Do you currently have or have you ever had any of the following: | Yes | No | Description |
|---|------------|-----------|--------------------|
| A pacemaker? | | | |
| Any ear or eye implants? | | | |
| Have you ever had metal in your eyes or metal removed from your eyes? | | | |
| A brain aneurysm clip? | | | |
| Stimulators on nerves (T.E.N.N.S unit)? | | | |
| Any surgeries in the past six weeks? | | | |
| Any metal in your body such as pins? | | | |
| Surgical implants, shrapnel, bullets etc.? | | | |
| An insulin or infusion pumps? | | | |
| Artificial heart valves? | | | |
| Do you have tattooed eyeliner? | | | |
| IUD (intra-uterine device) | | | |
| Is there a chance of pregnancy? | | | |
| Are you claustrophobic? | | | |
| Are you wearing any medicated skin patches? | | | |
| One Kidney? | | | |
| Kidney Transplant? | | | |
| Kidney Disease/Tumor? | | | |
| Dialysis? | | | |
| Liver Disease? | | | |
| High Blood Pressure? | | | |
| Are you over the age of 60? | | | |
| Are you diabetic? | | | |
| Others: Please list - | | | |

How did you hear about us? TV Physician Internet Friend Other

Extremity Left _____ Right _____ Is this a work injury? YES _____ NO _____

*****Please give a brief description of your symptoms related to the area to be scanned:*****

Do you have any history of cancer? YES _____ NO _____, If yes, what type and when?

Have you had any surgery on the area to be scanned?

History of fracture/dislocation of the area to be scanned? YES _____ NO _____ If yes, date of injury, treatment, and any other pertinent information concerning the fracture/dislocation:

I have read the above information and answered the preceding questions to the best of my knowledge. I hereby give consent to have a MRI scan. I have directed all of my questions to my doctor of the MRI staff.

PRINT PATIENT NAME

PATIENT'S SIGNATURE

DATE