



MRI PATIENT SCREENING

Please remove these items prior to your MRI scan: watches, coins, keys, knives, dentures, hair pins, pens, hearing aid, wallet, jewelry, belt, phones, beepers or any other loose metal objects.

<i>Do you currently have or have you ever had any of the following:</i>	Yes	No	Description
A pacemaker or defibrillator?			
A brain aneurysm clip?			
Metal in your eyes?			
Any ear or eye implants?			
Any surgeries in the past six weeks?			
Any metal in your body such as pins, surgical implants, bullets, shrapnel, etc?			
Any electrical devices connected to or inside your body?			
Tattooed eyeliner or tattoos?			
IUD (intra-uterine device)?			
Is there a chance of pregnancy?			
Are you wearing any medicated skin patches?			
Kidney Issues- One kidney, transplant or kidney disease?			
Dialysis?			
Liver Disease?			
High Blood Pressure?			
Are you over the age of 60?			
Are you diabetic?			
Is there anything else you think we should know about before having your MRI?			

WEIGHT: _____ (required, if you are unsure please let our staff know and you will be weighed on our scales)

Please explain your symptoms. If due to an injury please give details on how it happened and when it happened.

Is this a work related injury? YES _____ NO _____

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?

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