




**RADIOLOGY DEPARTMENT
MRI SAFETY SCREENING QUESTIONNAIRE
NON-CONTRAST**

Revised: 10/26/18

Exam Date: _____
 Status: _____
 DOB: _____ Age: _____
 Name: _____
 Ref Phys: _____
 Att Phys: _____
 Prim Care Phys: _____
 Register/Admit Date: _____



Weight _____ Chief Complaint _____

Have you had recent imaging relating to this problem? Yes No if yes, where taken? _____

Have you had a recent MRI with gadolinium? Yes No if yes, Date: _____

Have you had repeat scans with gadolinium Yes No

Do you have kidney problems Yes No

Is it difficult for you to lie still? Yes No

Do you have a history of cancer? Yes No if yes, what type _____

Have you had any Iron therapy in the last 3 months? Yes No if yes, when? _____

Have you had any surgeries? Yes No if yes, please specify _____

Have you had a reaction to MRI contrast before? Yes No if yes, what reaction? _____

Are you claustrophobic? Yes No

The following item may be harmful to you during your MR scan or may interfere with the MR examination.

Please provide a "yes" or "no" answer for every item.

	YES	NO
Cardiac pacemaker or implanted cardioverter defibrillator/ICD?		
Internal electrodes or wires (pacing wires, DBS, or VNS wires)?		
Artificial heart valve, coil, filter, and/or stent (Gianturco coil, IVC filter)?		
Neurostimulator-TENS Unit, biostimulator, bone growth stimulator, DBS, VNS?		
Implanted drug pump (for chemotherapy medicine, pain medicine)?		
External drug pump (for insulin or any other medications)?		
IV access port (Port-a-Cath, Brobiac, PICC line, Swan-Gantz, Thermodilution)?		
Implanted post-surgical hardware (pins, rods, screws, plates)?		
Artificial joint and or limb?		
Artificial eye and/or eye lid spring?		
Eye injury from metal object (metal shavings, metal slivers)?		
Ear (Cochlear) implants, middle ear implant?		
Hearing aids?		
False teeth, dentures, metallic removable dental work, braces, retainers?		
Any type implant held in place by a magnet?		
Injured by a metal object (shrapnel, bullet, BB)?		
Medication patch (nitroglycerine, nicotine, contraceptive, estrogen)?		
Shunt or Sophy adjustable and programmable valve?		
Spinal fixation device, spinal fusion and/or halo vest, spinal cord stimulator?		
Surgical clips, staples, or surgical mesh?		
Tissue expander (breast)?		
Penile implant?		
Pessary, IUD, diaphragm?		
Radiation seeds (cancer Treatment)?		
Body piercing, tattoo, permanent makeup?		
Wig, hair implants?		
Are you pregnant and/or breast feeding?		



NAME:
Page 1 of 2

DOB:

If you answered yes to any of the questions on the front page, please discuss any concerns with the MRI technologist.

Instructions for the Patient, Parent, Guardian:

Please remove **ALL** jewelry, hair pins, ALL body piercing.

Please remove all dental work (false teeth, partial dental plates, retainers).

The MRI exam will take from 25 minutes to an hour, it will be very important that you hold as still as possible. There will be some acoustic noise and you will be provided with ear phones or ear plugs.

You will be provided with a locker to lock up all your belongings and the key will be brought with you into the scan room.

I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have the opportunity to ask questions regarding the information on this form.

Date **Time** **Patient/Parent/Guardian Signature**

Date **Time** **MR Technologist Signature**

FOR MRI STAFF USE ONLY	
CONTRAST ORDER/SIGNATURE	
Contrast type: _____	Injection Amount: _____
Creatinine Value: _____	GFR Value: _____ Date Acquired: _____
Catheter size: _____	IV site: _____ Time started: _____ Time discontinued: _____
Today's date: _____	Technologist Signature: _____