

MRI Patient Screening Form

1.5T 3T

Name: _____ Date of MRI: ____/____/____

Birthdate: ____/____/____ Age: _____ yrs Height: ____ ft ____ in Weight: _____ lbs

Gender: Male / Female Telephone: _____ Allergies: _____

Medical Problems: _____

Prior Surgeries: _____

Yes No – Have you had an MRI Before? Please list any problems: _____

Yes No – Have you ever had IV contrast (dye) for any prior MRI, CT, or X-ray study?

Yes No – Do you have a history of claustrophobia, anxiety, movement disorder, or falls?

Yes No – Have you ever had an injury from a metal object in or around your eye? _____

Yes No – Is there any possibility you may be pregnant? Date of Last Menstrual Period: _____

Please indicate if you have any of the following items

Yes No – Cardiac Pacemaker or Defibrillator

Yes No – Implanted Shunt

Yes No – Implanted Neurostimulator

Yes No – Wound Dressing or Vacuum

Yes No – Any implanted wire / electrode or EKG lead

Yes No – Hearing Aid or Implant

Yes No – Left Ventricular Assist Device (Heart Pump)

Yes No – Spinal Hardware

Yes No – Aneurysm or Vascular Clips

Yes No – Implanted pins, rods, screws, plates, wires, etc.

Yes No – Artificial Heart Valve or Heart Stent

Yes No – Breast Implant or Tissue expanders

Yes No – Other Vascular Graft / Stent / Coil / Shunt

Yes No – Artificial Eye or Orbital Implant

Yes No – Inferior Vena Cava (IVC) Filter

Yes No – Implanted IV Port or Catheter

Yes No – Surgical Clips / Staples / Mesh

Yes No – Metallic Foreign Body (Shrapnel, BB, etc.)

Yes No – Drug Pump (insulin, chemo, pain medication)

Yes No – Dentures / Braces / Magnetic Dental Implant

Yes No – Medication Patch (nicotine, pain medication)

Yes No – Diaphragm or IUD

Yes No – Body Piercing / Tattoos / Tattooed eyeliner

Yes No – History of Cancer: _____

Yes No – Any Other Implant, Prosthesis, or Device: _____

Yes No – Kidney disease, Diabetes, Sickle Cell Anemia/Trait, High Blood Pressure

Patient Instructions:

- ❖ Prior to entering the MRI room, you must pass through a metal detector to screen for additional hazardous items
- ❖ Hearing protection is mandatory and will be provided for use during your MRI scan by the staff
- ❖ All of the following items are prohibited in the MRI room and must be placed in a locker or left with a responsible person:
 - Phones, pagers, watches, hearing aids, wallet, purse, credit/debit cards, weapons, jewelry, piercings, eyeglasses, hairpins, removable dentures, belts, keys, dog tags, shoes, or any other removable item
- ❖ If you do not comply with these safety measures, you will be denied entry into the MRI room by the staff

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form, and have had the opportunity to ask questions regarding this form and the MRI exam.

Signature of Patient or Legal Guardian

Date

MRI Technologist

Date

Martin Army Community Hospital – Department of Radiology