

**Magnetic Resonance Imaging
SCREENING FORM FOR PATIENTS**

The information requested on this form is *very important*. Please answer *all* questions as thoroughly as possible. ***The patient or patient's legally authorized representative is responsible for the accuracy of the requested information.*** Do you have any of the items or conditions listed below? Please check YES or NO for each item or condition or provide additional information below.

YES	NO		YES	NO	
		Aneurysm Clip			Neurostimulation system
		Middle Ear / Cochlear Implant			Bone growth/bone fusion stimulator
		Cardiac Pacemaker			Fractured Bone or Spine treated with Metal
		Implanted Defibrillator			Metal to the Eyes (ex: welding, grinding)
		Stent, Coil or Filter surgically implanted			Metal Fragments in the Body (ex: BB's, Buckshot or Bullet)
		Surgical staples, clips or metallic sutures			Penile Implant
		Artificial Heart Valve			Silver Impregnated Wound Dressing
		Internal Electrode or Wires			Breastfeeding
		Carotid Artery Clips			IUD: Intrauterine Device
		Vascular Access Port or Catheter			Medication Patch
		Magnetically Activated Implant or device			Ingested camera pill
		Medication pump or Implanted infusion pump or Insulin pump			Tattoos or Permanent Make-Up
		Hearing aid			Body Piercing
		Spinal or ventricular shunt			Allergic Reactions to Intravenous (IV) Contrast
		Tissue Expander			Kidney Problems Now or In the Past
		Prosthesis of Any Kind			Patient Weight _____
					Patient Height _____

ANY METAL Inside or Outside Your Body As Indicated Above? (Please provide location)

Claustrophobic? Please rate 1 – 10 (10 being severe)

No one should enter the MRI Magnet / Scan room with the following: * watch * metal zippers * firearms * removable dental work * pens * hearing aid * keys * coins * pocket knife * hairpins * belt buckle * bra * purse/wallet/money clip/credit cards * cell phones or other electronic or metallic devices

Signature of person completing the from: _____ Date: _____ Time: _____

Form completed by: Patient Relative Caregiver Other _____