MRI Screening Questionnaire

Patient Name:

Sex: Age: Weight:

This questionnaire is designed to assist us in determining if it is safe for you to undergo a magnetic resonance imaging procedure. It is important that you answer all of the following questions. **If you don't understand any question, please ask for assistance.**

1.	Do you have a pacemaker, wires, defibrillator or implanted heart valves?	Yes ☐	No ☐	Don't Know ☐
2.	Have you ever had any head surgery requiring aneurysm clips?	Yes ☐	No ☐	Don't Know ☐
3.	Have you ever had any type of surgery?	Yes ☐	No ☐	Don't Know ☐
4.	Have you ever had a reaction to a contrast agent used for MRI, CT or X-ray?	Yes ☐	No ☐	Don't Know ☐
5.	Do you have any surgically implanted metal of any type in your body?	Yes ☐	No ☐	Don't Know ☐
6.	Have you ever been exposed to metal fragments that could be lodged in your eyes or body?	Yes ☐	No ☐	Don't Know ☐
7.	Do you have a hearing aid, middle/inner ear prosthesis, dentures or bridges?	Yes ☐	No ☐	Don't Know ☐
8.	Do you have any metal pin, joint, prosthesis or metallic object in, or attached to your body?	Yes ☐	No ☐	Don't Know ☐
9.	Do you have any type of electronic device (stimulator or pump) implanted in your body?	Yes ☐	No ☐	Don't Know ☐
10.	Do you have or have you ever had tattoos, permanent eyeliner or lipliner, or body piercing?	Yes ☐	No ☐	Don't Know ☐
11.	Are you wearing a transdermal drug patch? What kind? _____	Yes ☐	No ☐	Don't Know ☐
12.	Do you have a history of panic attacks or a fear of enclosed or narrow spaces?	Yes ☐	No ☐	Don't Know ☐
13.	Do you have a history of drug of food allergies?	Yes ☐	No ☐	Don't Know ☐
14.	Do you have a history of renal (kidney) disease, seizure, asthma, or emphysema?	Yes ☐	No ☐	Don't Know ☐
15.	Are you pregnant, or is it possible that you may be pregnant?	Yes ☐	No ☐	Don't Know ☐
16.	Are you breastfeeding?	Yes ☐	No ☐	Don't Know ☐

17. Is there any other item or device you believe we should know about prior to performing the MRI - if yes please describe:
_____

The greatest risk is a metallic object flying through the air toward the magnet and hitting you. To reduce this risk we require that all people involved with the study remove all metal from their clothing and all metal objects from their pockets. No metal objects are allowed to be brought into the magnet room at any time. In addition, once you are in the magnet, the door to the room will be closed so that no one inadvertently walks into the magnet.

I certify that I have read and understood the questions asked in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform the Center of any metal fragments and/or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening. I agree that should I have any metal in my body and, after consultation with a physician, elect to proceed with the MRI, I agree to release Center from any and all liability for any injury.

Patient or Legal Representative Signature	Print Name and Authority (if legal representative)	Date
Witness or Interpreter Signature	Print Name	Date
Physician/Registered Nurse/Technologist	Print Name	Date