

# MRI PRE-SCREENING

Patient Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Some of the following items may be hazardous to your safety and may interfere with the MRI examination. Please circle the appropriate answer for ALL of the following:

- |  |  |
|--|--|
| YES NO Cardiac Pacemaker                     | YES NO Cardiac Defibrillator                         |
| YES NO Aneurysm Clip                         | YES NO Any Metal fragments                           |
| YES NO Carotid Artery/Vascular Clip          | YES NO Aortic Clip                                   |
| YES NO Neurostimulator                       | YES NO Metal/Wire Implants                           |
| YES NO Bone/Growth fusion stimulator         | YES NO Wire surgical sutures                         |
| YES NO Cochlear, otologic, or ear implant    | YES NO Harrington Rods                               |
| YES NO Any prosthesis(eye, penile, etc...)   | YES NO Heart Valve                                   |
| YES NO Artificial limbs or joints            | YES NO Joint Replacement                             |
| YES NO Bone/joint pins, screws, plates, etc. | YES NO Vascular access port                          |
| YES NO Insulin/Drug infusion pump            | YES NO Hearing Aid                                   |
| YES NO Breathing Disorder                    | YES NO Medication patch<br>(Nicotine, Nitroglycerin) |
| YES NO Intravascular stent, filters, coils   | YES NO Motion Disorder                               |
| YES NO IUD/Diaphragm                         | YES NO Dentures                                      |
| YES NO Ever had Metal Slivers in eye         | YES NO Tattooed makeup                               |
| YES NO Body piercing(s)                      | YES NO Claustrophobia                                |

Do you have any allergies? YES NO if so, please list

---

Female patients: Date of Last Menstrual Period \_\_\_/\_\_\_/\_\_\_  
Any Possibility of pregnancy? YES NO  
Are You breast feeding? YES NO

NOTE: YOU ARE REQUIRED TO WEAR EAR PROTECTION DURING THE EXAM

Before your MRI, Please remove all metallic objects including keys, hair pins, barrettes, jewelry, safety pins, watch, paper clips, money clips, credit cards, coins, metal buttons, pocket knife, and clothing with metal in the material. Thank You.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Person Completing Form      Relationship to Patient      Date